



Pay for Performance: Faculty

Department: _____ Date: _____

Contact Person: _____ Email: _____

Employee Name: _____ USC ID: _____

Date Last PFP Awarded: _____ Pay Basis: _____

Current Salary: _____ Increase Amount: _____ % Inc: _____ New Proposed Salary: _____

**Pay for Performance must be in accordance with HR policies and procedures (HR 1.37).*

Reason: (Faculty receiving a pay for performance salary increase must meet one or more of the following criteria; please check all that apply)

- Consistently outstanding teaching evaluations;
- Outstanding record of research, scholarship, or creative activity;
- A significant record of public or professional service;
- Significant academic honors or awards from internal or external sources.

Justification:

Funding:

Amount	Percent of Distribution	Operating Unit (AK000)	Department	Fund Code	Account	Class

Approvals:

Dept. Chair (if applicable):	Date:
Dean:	Date:
Provost:	Date:
Chancellor:	Date:
Budget:	Date:
HR Review & Approval:	Effective Date: