



# Pay for Performance: Staff

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Employee Name: \_\_\_\_\_ USC ID: \_\_\_\_\_

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

**Reason:** (Staff receiving a pay for performance salary increase must meet 3 or more of the following criteria; please check all that apply & provide examples.)

| Reason  | Specific Examples |
|---|-------------------|
| <input type="checkbox"/> A significant increase in service or productivity through innovation;  |                   |
| <input type="checkbox"/> Demonstrated positive attitude and spirit of service and cooperation;  |                   |
| <input type="checkbox"/> A record of exceptional service;   |                   |
| <input type="checkbox"/> A substantial contribution to the goals of the unit through performance of special assignments or the provision of exceptional customer service not previously included in performance objectives; |                   |
| <b>Required:</b> A rating of "Successful" or above on the most recent performance appraisal within the last twelve months.  |                   |

**Funding:**

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

**Approvals:**

|  |                       |
|--|-----------------------|
| Director/Dean: _____   | Date: _____           |
| Vice Chancellor/EVCAA: _____   | Date: _____           |
| Current Salary: _____ Increase Amount: _____ % Inc: _____ New Proposed Salary: _____ |                       |
| HR Review & Approval: _____  | Effective Date: _____ |
| Last EPMS Review Date: _____ Date Last PFP Awarded: _____                            |                       |
| Budget: _____  | Date: _____           |
| Chancellor: _____  | Date: _____           |