

# SOUTH CAROLINA MILITARY DEPARTMENT

## REQUEST FOR SALARY CHANGE

New Hire

Promotion

Reclassification

Performance

Retention

Revised Duties

Salary Decrease

Job Knowledge/Skills

Name: \_\_\_\_\_ SCEIS Personnel # or SSN: \_\_\_\_\_

Position Title: \_\_\_\_\_ Department/Program: \_\_\_\_\_

Class Code/Slot: \_\_\_\_\_ Position Number: \_\_\_\_\_ Band: \_\_\_\_\_

Range: Minimum \_\_\_\_\_ Midpoint \_\_\_\_\_ Maximum \_\_\_\_\_

Current Salary: \_\_\_\_\_ Requested Salary: \_\_\_\_\_

% Above Minimum: \_\_\_\_\_ % Above Current Salary: \_\_\_\_\_

State Service Date: \_\_\_\_\_ Agency Service Date: \_\_\_\_\_ Job Date: \_\_\_\_\_

Justification:

Minimum Requirements:

Attachments:      Application/Resume      Transcript      Position Description  
                         Supporting Documentation      Other

\_\_\_\_\_  
Department/Program Authorized Signature

\_\_\_\_\_  
Date

### ***For SHRO Use Only***

Agency Average for Class: \_\_\_\_\_ State Average for Class: \_\_\_\_\_

Agency Average Job Service: \_\_\_\_\_ State Average Job Service: \_\_\_\_\_

Agency Average State Service: \_\_\_\_\_ State Average State Service: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Approved Salary: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Date Disapproved: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Agency Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dept of Admin Authorized Signature

\_\_\_\_\_  
Date

01 July 2025