

## Request for Temporary Salary Adjustment (TSA)

**Use only for Permanent Staff (Non-Faculty)**

**Requester:** \_\_\_\_\_  
(please print)

**Department:** \_\_\_\_\_

**Important Instructions and Reminders:**

Justification Memo and/or other supporting documentation must be attached. TSA goes into effect after all approvals have been obtained. Maximum rate of 15% for the period of the TSA.

Grant Accounts must be approved by the Office of Research and Grants Administration (**ORGA**) and Foundation Accounts must be approved by Foundation Financial Services (**FFS**) before routing to Budget Office.

TSA may not exceed 12 months. Extensions beyond one year require approval for exceptional circumstances.

Name:		CWID:	
Amount Requested:	% of Change	Charge To (Budget #): Funds must be available from existing budget.	
Current Salary:	New Salary:	ORGA Approval:	FFS Approval:

**Proposed Dates for TSA: Start:** \_\_\_\_\_

**End:** \_\_\_\_\_

**Renewal? (Circle One) Y N**

**If yes, attach justification, including anticipated end date**

Human Resources			
Class:	E-Class:	Position Number:	Band/Level:
CofC Service Date:	State Service Date:	Current Job Date:	
State Minimum:	Midpoint:	Maximum:	
CofC Minimum:	State Average for Class:	CofC Average for Class:	
Base Salary:	% Above Base Salary:	Total amt. of TSA:	
Base salary for period of work:	Base per pay period rate:	TSA Amt per pay period:	# of Pay Periods:
Payroll Effective Date:	Payroll End Date:		

**Approvals:**

**Dept. Head/Chair** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VP/Dean** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EVP/Provost** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Budget:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**President:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HR** \_\_\_\_\_ **Date:** \_\_\_\_\_

Additional Info:

HR Received: _____	Processed by: _____
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