

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
HUMAN RESOURCES
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000 FAX (941) 927-4087

END OF ACTIVITY SALARY SUPPLEMENT RECOMMENDATION

Instructions: Complete and submit request two weeks in advance of start date.

Cost Center _____ School Year _____ - _____

Legal Name _____ Employee ID No. (A #) _____ SSN XXX-XX _____

Instructional Employee (Coach certification not required)

Classified Employee* Coach cert. exp. date _____ *Use this form only for coaching supplement

Non-Appointed Employee Coach cert. exp. date _____ HR clear date _____
(complete if did not coach last year)

Name of sport or activity _____ Check box if flexible supplement

Season/activity start date _____ Season/Activity end date _____

Date employee started sport or activity (if different from above) _____

(Confirmed) Step in this activity	Dollar amount for step from column on supplement schedule	X	Index for activity from supplement schedule	=	Amount of supplement (rounded)
_____	\$ _____		_____		\$ _____

Pre-season

Name of pre-season sport/activity _____

Pre-season start date _____ Pre-season end date _____

Daily rate	Number of days	X	Amount	=	\$ _____
\$ _____	_____		_____		\$ _____

Post-season

Name of post-season sport/activity _____

Post-season start date _____ Post-season end date _____

Regular season supplement amount	10% for each week beyond regular season	X	Amount of supplement (rounded)	=	\$ _____
\$ _____	_____ %		_____		\$ _____

By signing this document I understand, in order to be paid the full supplement amount, the hiring process must have been completed with Human Resources by the start date of the season/activity. All coaches must hold a valid Florida Department of Education regular or coaching certificate before the supplement can be processed for payment.

Employee Signature _____	Date _____	Job Entered _____	Salary Spec. Init. _____
--------------------------	------------	-------------------	--------------------------

Principal Name _____	Principal Signature _____	Date _____
----------------------	---------------------------	------------

Cost Center Exec. Dir. Name _____	Cost Center Exec. Dir. Signature _____	Date _____
-----------------------------------	--	------------

HR Exec. Dir. Name _____	HR Exec. Dir. Signature _____	Date _____
--------------------------	-------------------------------	------------

Distribution: Original - Human Resources Personnel File Copies – Payroll, Cost Center