

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

SALARY SUPPLEMENT RECOMMENDATION FOR FULL-YEAR DUTIES

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 cert. not required)
Classified Employee Coach cert. expire date _____

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

Type of Activity _____ Date Begun _____ Date Completed _____

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

TO BE COMPLETED FOR GRADE LEVEL CHAIR/DEPARTMENT CHAIR/SLC CHAIR/TEAM LEADER

Grade Level/Department/SLC/Team _____

No. of dept. members (include chairperson) _____ Amount of Supplement (rounded) \$ _____

List names of teachers in grade/departments/SLC/team (indicate if less than full-time)

- | | | |
|----------|-----------|-----------|
| 1. _____ | 8. _____ | 15. _____ |
| 2. _____ | 9. _____ | 16. _____ |
| 3. _____ | 10. _____ | 17. _____ |
| 4. _____ | 11. _____ | 18. _____ |
| 5. _____ | 12. _____ | 19. _____ |
| 6. _____ | 13. _____ | 20. _____ |
| 7. _____ | 14. _____ | 21. _____ |

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, SC/TA