

COMPENSATION ADMINISTRATION

MEMORANDUM

_____ Date

TO: Supplement Approving Office

SUBJECT: SUPPLEMENT ADJUSTMENT REQUEST FORM (SARF) 2017-2018

School Loc Number: _____ School Name: _____

Empno	Name	ACTION CODE	Effective Date	Wage Type Code	Supplement Title
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Instructions:
 Please list employee(s) grouped by type of supplement that corresponds to approval routing on back of the form. Complete the **ACTION CODE** for choices at bottom of box. Extra Periods and Teacher of ESE supplements please attach ISIS Teacher Workload. Please refer to Supplement Salary Handbook at <http://salary.dadeschools.net/supp> for eligibility guidelines and Master List of Salary Supplements that provides Wage Type Codes and Approving Office contact information. **See Page 2 for approval routing.**

ACTION CODES: **ADD** - Add Supplement **DEL** - Delete Supplement

_____ Principal Signature

_____ Date

--Supplement Approving Office Only--
 Approval: Approved Not Approved _____
 Supplement Approving Office Signature

SUPPLEMENT ADJUSTMENT REQUEST FORM (SARF) APPROVAL ROUTING**Extra Period Supplements***Attach: copy of teacher workload schedule*

Region Office	Region Director Contact:	Scan and email form to:
North	Ms. Sally J. Alayon	salayon@dadeschools.net
Central	Dr. Janice M. Cruse-Sanchez	jcruse-sanchez@dadeschools.net
South	Ms. Lucy C. Iturrey	liturey@dadeschools.net

Extra Period Supplement - Vocational Handicapped*Attach: copy of teacher workload schedule*

Office	Executive Director Contact:	Scan and email form to:
Division of Career & Technical Education	Dr. Lupe Ferran Diaz	lupediaz@dadeschools.net

Extra Period Supplement for ESE and Teacher for ESE*Attach: copy of teacher workload schedule and teacher certification*

Center School Locations	305-995-2707
Ms. Mary A. Paz, Instructional Supervisor, ESE	mpaz@dadeschools.net

Athletics and Activities

Office	Contact:	Scan and email form to:
Division of Athletics & Activities	Mr. Ira Fluitt	305-275-3707 irafluitt@dadeschools.net
Physical Education	Ms. Ilisa L. Carroll	305-995-1919 ilisacarroll@dadeschools.net

All Other Supplement Requests

Office	Contact:	Scan and email form to:
Compensation Administration	Mr. Patrick O'connor	salinq@dadeschools.net