

COMPENSATION ADMINISTRATION

MEMORANDUM

_____ Date

TO: Supplement Approving Office (See Page 2 for approval routing)

SUBJECT: SUPPLEMENT ADJUSTMENT REQUEST FORM (SARF) 2019-2020

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/Grade Chairs/Department Head

Attach: copy of teacher workload schedule

| Region Office | Region Director Contact: | Scan and email form to: |
|---------------|---|--|
| North | Ms. Reva Vangates | rvangates@dadeschools.net |
| Central | Dr. Janice M. Cruse-Sanchez | jcruse-sanchez@dadeschools.net |
| South | Ms. Lucy C. Iturrey | liturrey@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

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