



— SUPPLEMENT WAIVER REQUEST —

INSTRUCTIONS: } Use this form to request salary supplements that do not meet provisions of the M-DCPS/UTD contract, regarding extra teaching period supplement (ETPS) or extra duty salary supplements.

EMPLOYEE INFORMATION

EMPLOYEE NAME _____ EMPLOYEE NO. _____
POSITION TITLE _____ PAY CODE _____ REGION _____
WORK LOC. NAME _____ WORK LOC. _____ MAIL CODE (if different) _____

TEACHER WORKLOAD

Attach the teacher schedule or teacher workload report. In addition, provide a printout/list of all supplements requested for this teacher for the current school year.

SUPPLEMENT REQUEST

EFFECTIVE DATE _____

SUPPLEMENT CODE _____ SUPPLEMENT TITLE/SUBJECT AREA _____

FOR EXTRA TEACHING PERIOD SUPPLEMENTS, IS THE TEACHER CERTIFIED IN THIS SUBJECT AREA? YES NO

IF "NO", IT HAS BEEN VERIFIED THAT NO CERTIFIED STAFF MEMBER IS ABLE TO TEACH THIS SUBJECT/PERIOD. YES NO

RATIONALE FOR SUPPLEMENT

The faculty has been informed that there is the availability of an extra teaching period supplement YES
for a specific period and subject, or that there is an availability of the extra duty salary supplement. NO

PRINCIPAL/SUPERVISING ADMINISTRATOR _____ Date _____

APPROVALS

APPROVED: YES NO REGION SUPERINTENDENT _____ (Mail Code) _____ Date _____

IF "NO", STATE REASON _____

- IF APPROVED, FORWARD ENTIRE PACKET TO THE DEPUTY SUPERINTENDENT NOTED BELOW.
- IF DENIED, RETURN PACKET TO THE PRINCIPAL/SUPERVISING ADMINISTRATOR NOTED ABOVE.

APPROVED: YES NO DEPUTY SUPERINTENDENT _____
SCHOOL OPERATIONS _____ Date _____

IF "NO", STATE REASON _____

- IF APPROVED OR DENIED, SEND A COPY TO EACH OF THE CORRESPONDING PERSONS/OFFICES NOTED BELOW: Deputy Superintendent, School Operations; Region Superintendent; Principal/Supervising Administrator; Compensation Administration. Compensation Administration will input approved supplements.