

COMPENSATION ADMINISTRATION

MEMORANDUM

Date

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

SUBJECT: SUPPLEMENT ADJUSTMENT REQUEST FORM (SARF) 2024-2025

School Loc Number: _____

School Name: _____

Emp#	Employee Name	Action Change	Effective Date	Wage Type Code	New 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 **DSIS** 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 **CHG** – Change ETPS Supplement Code

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	Dr. Gilberto D. Bonce	gbonce@dadeschools.net
Central	Mr. Alejandro Perez	aperez@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 F. Diaz	lupediaz@dadeschools.net

Extra Period Supplement for ESE and Teacher/PARA for ESE*Attach: Scanned SARF form and teacher workload schedule as one document and title it with the school location number and date*

Office	District Director Contact:	Upload scanned SARF form/documentation to:
Department of ESE	Ms. Shannon Gottardi 786-268-4757 sgottardi@dadeschools.net	ESE Supplement SARF Form Submission Folder

Athletics and Activities (i.e., Clubs, Perf Groups, Sports)

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. Seda	305-995-1919 ilisaseda@dadeschools.net

All Other Supplement Requests (i.e., Sub Loc, Lead Teacher, Prof Dev Liaison)

Office		Upload scanned SARF form/documentation to:
Compensation Administration		SUPP Submission Folder Compensation Admin