

## Supplement Request Form

Division of Human Resources

### Supplement Criteria

- Can be a special project assignment, or a district initiative and should align to the District's Strategic Plan
- Newly assigned task requiring additional time and accountability above and beyond the existing job duties of the employee
- Supplement can be implemented when all or part of an employee's duties are being assigned to and executed by another
- Supplement must be applied for on an annual basis
- An assignment justifying supplemental pay should not exceed six (6) months and should not exceed ten percent (10%) of the employee's salary.
- Employee cannot receive more than 3 supplements per contract period (July 1- June 30 of each year)
- Supplements must comply with all applicable BOE policies including GAAA.

### REQUESTOR

**NAME (Last, First, MI)**

**POSITION TITLE (Superintendent or Division Chief)**

**REQUESTED SUPPLEMENT AMOUNT**

### EMPLOYEE

**NAME (Last, First, MI)**

**POSITION TITLE**

**REQUESTED EFFECTIVE DATE**

### SCOPE OF WORK

**Please explain why the work falls outside of or is in addition to the employee's current responsibilities:**

**Does the scope of work align with DCSD Strategic Plan? If so, please indicate the goal area:**

**Please List any Key Artifacts (if applicable):**

Budget Charge Code:

**Signature:**

**Date:**

**Supt./Designee:    APPROVED    DENIAL**

**DATE**