

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
SUPPLEMENT FORM

Instructional Non-Instructional Administrative Substitute Coach

Substitute Coaches must be drug tested and fingerprinted. Employment procedures must be followed as Board Approved in the Salary Handbook. If new to the district an Employee Enrollment form must be submitted also by the hiring administrator.

Employee ID # _____ Employee's Name _____
 Supplement Position _____
 (Please use Board Approved Title from the Salary Handbook)
 Replacement for _____ Exit Date _____

To Be Completed For All Sections: Term. From Supplement Term. From District's Position Term. From District & Suppl.

Start Date _____ Termination Date _____ Resignation Date _____ LOA Date _____

Base Facility _____ Worksite Facility _____ Athletic Director Signature _____
 Employee Administrator
 Signature _____ Date _____ Signature _____ Date _____

For Human Resources Department Use Only:
Please Note: Substitute Coaches must be reported for supplement pay at the completion of the Sport Season on the next available substitute payroll.

Supplement Salary (Annual Rate) _____
 Years of Experience Verified _____
 Supplement Presentation Number _____
 Board Approval Date _____
 Rate and Experience Verified: _____ Date _____
 Supervisor of Personnel Relations & Recruitment

Supplement Code _____
 Route: (Date and Initial) _____
 Position Control: _____ Position Control Verified _____ Date _____
 Sent to Finance: _____

White: Human Resources Green: Position Control Yellow: Payroll Pink: School Gold: Employee