

PINELLAS COUNTY SCHOOLS
SUPPLEMENT ADJUSTMENT FORM

DATE: _____

SUBMIT TO: PCSCompensation@pcsb.org

SCHOOL/DEPARTMENT CONTACT: _____
(Print Name and Phone Number)

When replacing one employee for another, provide an adjustment form for each individual. If money is due to both employees, provide start and end dates for each or indicate amount to be paid.

Please make the following change(s) in supplements(s) for teacher(s) in my school/department:

☐ ADDITION OF SUPPLEMENT

☐ DELETION OF SUPPLEMENT

Name _____

Employee ID# _____

Name of Supplement _____

Supplement Code Number _____

Start date _____ End date _____

* Or check one:

☐ 1st Semester Only ☐ 2nd Semester Only

Principal's Signature

School

Cost Center #

Date