

**ST. LUCIE PUBLIC SCHOOLS  
REQUEST FOR SUPPLEMENT FOR GRADUATE CREDIT  
INSTRUCTIONAL EMPLOYEES**

All personnel who desire credit on the salary schedule for additional training and/or an earned higher degree must have completed all training by September 1 of the current fiscal year, and proper verification of such must be submitted to the Human Resources Department by October 15 of the current fiscal year in order to receive credit for the entire year.

Personnel must have completed all training by February 1 of the current fiscal year and verification of such must be submitted to the Human Resources Department by March 15 of the current fiscal year in order to receive one-half of the annual supplement for such.

Name: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

School/Dept.: \_\_\_\_\_

If the transcript was not submitted as part of the application process, please attach a copy showing the degree conferral date with this form. Select one of the options below:

Employees hired prior to 07/01/2011	Employees hired on or after 07/01/2011
<input type="checkbox"/> Bachelor's degree plus 15 graduate semester hours <input type="checkbox"/> Master's degree conferred <input type="checkbox"/> Master's degree plus 15 graduate semester hours <input type="checkbox"/> Master's degree plus 30 graduate semester hours <input type="checkbox"/> Double Master's degree conferred <input type="checkbox"/> Education Specialist degree conferred <input type="checkbox"/> Doctorate conferred	<input type="checkbox"/> Master's degree conferred <input type="checkbox"/> Double Master's degree conferred <input type="checkbox"/> Education Specialist degree conferred <input type="checkbox"/> Doctorate conferred  The degree must be held in the individual's area of certification to be eligible for the supplement. (s. 1012.22, F.S.)

For Office Use Only

-----  
 Approved     Not approved (state reason)

Degree Add-On Added	Reviewed/Recalculated Additional Add-Ons (SPHHR, SPATH, SPDEA, SPXHR)	PAF Created

Certification Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Records Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_