

# **Application Process for Supplemental Salary**

## **Application Procedure:**

1. Complete the “Supplemental Salary Application”. It is located at [www.cabotschools.org](http://www.cabotschools.org), under “employee forms”.
2. Teacher applications will be submitted to the building administration for signature.
3. The building administrator will sign and send the “Supplemental Salary Application” to the Director of Personnel, by **October 1<sup>st</sup>**.

## **Review Procedure:**

1. The Supplemental Salary Committee will meet after the October 1<sup>st</sup> deadline to review applications.
2. The SSC will send a recommendation to the Personnel Policy Committee for review.
3. A joint recommendation from the SSC and PPC will be sent to the superintendent.
4. The superintendent will submit the recommendation to the school board.
5. The SSC will keep all applications submitted on file for one (1) year.

# Supplemental Salary Application

Title of Position \_\_\_\_\_

School \_\_\_\_\_ District Wide \_\_\_\_\_

Person Filling/Requesting The Position \_\_\_\_\_

Current Pay \_\_\_\_\_ Requested Pay \_\_\_\_\_

Number of Hours \_\_\_\_\_ (must be itemized on survey sheet)

Supervision of: \_\_\_\_\_ Students Number of students \_\_\_\_\_  
\_\_\_\_\_ Adults Number of adults \_\_\_\_\_

Duties Based On: \_\_\_\_\_ Personal choice for an additional activity  
\_\_\_\_\_ Administrative request for an additional duty

Brief job description (3 sentences)

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Building Administrator:**

\_\_\_\_\_ approved \_\_\_\_\_ approved with changes as noted \_\_\_\_\_ denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supplemental Salary Committee:**

\_\_\_\_\_ survey completed \_\_\_\_\_ job description \_\_\_\_\_ index assigned

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Personnel Policy Committee:**

\_\_\_\_\_ approved \_\_\_\_\_ returned to Supplemental Committee \_\_\_\_\_ denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please answer the following questions, make a copy for yourself, and give the original to your building administrator.

Name \_\_\_\_\_

School \_\_\_\_\_

Organization or Activity \_\_\_\_\_

1. Is this organization associated with any regional, state, or national organization?  
Yes (please specify) \_\_\_\_\_  
No
2. What is the purpose of this organization/activity? \_\_\_\_\_
3. Is this organization/activity:  
a duty assigned by an administrator?  
a duty developed by you or other teachers?  
a duty that is part of your job description?  
a duty for which you applied?  
any duty not mentioned above?
4. Identify the supervisor(s) to whom you are required to report your activities: \_\_\_\_\_
5. Who would be responsible for evaluating this program? \_\_\_\_\_
6. Current amount of compensation received for your work with this organization/activity: \_\_\_\_\_
7. What amount would you consider to be a **reasonable/equitable** compensation? \_\_\_\_\_
8. Does this organization have a constitution of written operating procedure?  
Yes (attach a copy of existing documents)  
No
9. In 100 or less list / describe your responsibilities. You are limited to the space provided.

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Name \_\_\_\_\_

School \_\_\_\_\_

10. List the events/activities of this organization/activity.


11. Would you consider this organization/activity to be:

academic

non-academic (extra-curricular)

part of an elective course available to students

other (specify) \_\_\_\_\_

12. On average, how many students are actively involved in the organization/activity? \_\_\_\_\_

13. What kind of financial obligations are associated with this organization/activity?

local, regional, state, national dues

conference/competition registration fees (please specify) \_\_\_\_\_

other (please specify) \_\_\_\_\_

does not apply

14. What is the source of funding for your organization/activity?

student dues

school budget

money making activities (please specify) \_\_\_\_\_

\_\_\_\_\_

15. In your opinion, should work with this organization/activity be rewarded with a stipend?

a stipend?

period during the workday?

Other (specify) \_\_\_\_\_

16. Does your daily schedule include a period devoted to this organization/activity?

Yes

No

Name \_\_\_\_\_

School \_\_\_\_\_

17. Estimate the time you spend being actively involved in this organization/activity.

**Before School:**

- 15-30 minutes per day
- 30-60 minutes per day
- 15-30 minutes per week
- 30-60 minutes per week
- 15-30 minutes per month
- 30-60 minutes per month

List your responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**After School:**

- 15-30 minutes per day
- 30-60 minutes per day
- 15-30 minutes per week
- 30-60 minutes per week
- 15-30 minutes per month
- 30-60 minutes per month

List your responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**During the regular school day, e.g., lunch, preparation period, etc.**

- 15-30 minutes per day
- 30-60 minutes per day
- 15-30 minutes per week
- 30-60 minutes per week
- 15-30 minutes per month
- 30-60 minutes per month

List your responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Weekends:**

- 15-30 minutes per week
- 30-60 minutes per week
- 15-30 minutes per month
- 30-60 minutes per month

List your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Summer**

Describe any summer time spent on activities associated with this responsibility. Provide practice schedules, conference programs, etc. when available. \_\_\_\_\_

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\_\_\_\_\_

18. Describe any positive publicity that your organization/activity has generated for the Cabot Public School District. (Attach newspaper articles, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

19. What issues that are pertinent to your duties have not been addressed in this survey?

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