

**BROWARD COMMUNITY COLLEGE
SUPPLEMENTAL / REASSIGNMENT POSITION PROFILE**

POSITION TITLE: _____

SUPPLEMENTAL POSITION #: _____ **NEW:** _____ **or** **EXISTING:** _____

DEPT: _____ **CAMPUS:** _____ **or** **COLLEGE-WIDE:** _____

Contract Period: *(Check all that apply)*

__ **Term I** __ **Term II** __ **Term III/Session 2** __ **Term III/Session 4** **or** _____ **Annual**
_____ **Year** _____ **Year** _____ **Year** _____ **Year** _____ **Year**

SUPPLEMENT AMOUNT:

Zone Level: _____ **Requested Zone Amount:** _____

(Academic Supplements must be paid against the Zone chart. Amounts vary per Academic Rank of Instructor)

or

Requested Supplemental Amount: _____ **Total Number of Hours Required:** _____

Educational Requirements: _____

(State educational requirements needed for this requested position)

Experience Requirements: _____

(State any specific experience requirements for this requested position)

Position Supervisor: _____ **Signature:** _____ **Phone:** _____

Dean / Director: _____ **Signature:** _____ **Phone:** _____

Provost/VP: _____ **Signature:** _____ **Date:** _____

Supplements must be submitted in advance of the period requested

JOB DESCRIPTION

(Give specific details on duties/tasks involved - must correlate with amount of hours above.

Attach additional pages if necessary.)

DUTIES

TASKS

Office of Personnel Operations

Date: _____ Approved _____ Not Approved _____ Supplemental Salary Schedule Number _____

Rev. January 2001