

Advanced Degree Supplement Request Form

Part 1: To be completed by employee

Full Name: _____ Last 4 digits of SSN: ____ _

Current Work Site: _____

Degree Major: _____

- ☐ Master's
- ☐ Specialist
- ☐ Doctorate

FLDOE Certification Subject Areas: _____

When submitting the supplement request form, please include a copy of:

- ☐ Degree transcripts, with conferral date
- ☐ FLDOE issued certificate.

Forms submitted will be considered a complete request when all documentation, including transcripts with a degree conferral date, have been received. *If approved*, the date effective for the supplement will be the digital time stamp when *all Advanced Degree Supplement Request documents have been received*.

Part 2: To be completed by Human Resources

- ☐ Approved
- ☐ Denied

Notes/Calculations:

Date Effective: _____ Certification: _____

Specialist: _____ HR Initials: _____ Date: _____