School Board of Brevard County

2700 Judge Fran Jamieson Way • Viera, FL 32940-6601 Mark J. Rendell, Ed.D., Superintendent



RED ROVER USE AGREEMENT FOR SUBSTITUTES

Brevard Public Schools uses an automated substitute placement program called Red Rover for absence and assignment management.

As a condition of being employed as a substitute for Brevard Public Schools, I agree to use the Red Rover system. I also agree to utilize the tools in the Red Rover system appropriately by doing the following:

• By using my Red Rover Schedule to setup non-workdays for the days I am unavailable to substitute. I understand that by not using my Red Rover schedule for the days that I am unavailable, Red Rover may contact me regarding an assignment.

My signature indicates that I have review and understand these conditions.

Are you willing to accept assign support (Classroom Assistant			
absence at \$15.00 per hour?		Yes	No
Name:	E	mployee ID	
Address:			
City:		Zip Code:	
Telephone:	Email Address:		
Home School:			
Substitute Signature	I	Date	

REV 06/2023

Human Resources Services
Phone: (321) 633-1000, ext. 11200 • FAX: (321) 633-3525



Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer.

OMB No. 1545-0074

Department of the Treasury		Give Form W-4 to your employer.			<u> </u>	
Internal Revenue Se			g is subject to review by the IF	łS.	//-> C	
Step 1:	(a) ⊦	rst name and middle initial	Last name		(D) S	ocial security number
Enter Personal Information	Addre	r town, state, and ZIP code			name card? credit contac	your name match the on your social security If not, to ensure you get for your earnings, ct SSA at 800-772-1213
	(c)	Single or Married filing separately Married filing jointly or Qualifying surviving s Head of household (Check only if you're unmar	•	of keeping up a home for y		o www.ssa.gov.
		4 ONLY if they apply to you; otherwism withholding, and when to use the est			n on e	ach step, who can
Step 2: Multiple Job or Spouse Works	98	Complete this step if you (1) hold mor also works. The correct amount of with Do only one of the following. (a) Use the estimator at www.irs.gov/or your spouse have self-employing (b) Use the Multiple Jobs Worksheet (c) If there are only two jobs total, you option is generally more accurate higher paying job. Otherwise, (b) is	thholding depends on income (W4App for most accurate winent income, use this option; on page 3 and enter the resulul may check this box. Do the than (b) if pay at the lower page	thholding for this step or It in Step 4(c) below; same on Form W-4 aying job is more than	o (and some or the	Steps 3–4). If you other job. This
		4(b) on Form W-4 for only ONE of the you complete Steps 3–4(b) on the Form	n W-4 for the highest paying j	ob.)	os. (You	ur withholding will
Claim Dependent and Other Credits		Multiply the number of qualifying of Multiply the number of other dependent of the amounts above for qualifying this the amount of any other credits.	endents by \$500	. \$		\$
Step 4 (optional): Other Adjustments	5	(a) Other income (not from jobs). expect this year that won't have w This may include interest, dividence (b) Deductions. If you expect to claim want to reduce your withholding, u the result here	If you want tax withheld frithholding, enter the amount ds, and retirement income.	or other income you of other income here	4(a)	
		(c) Extra withholding. Enter any addi	tional tax you want withheld e	each pay period	4(c)	
Step 5: Sign Here		r penalties of perjury, I declare that this cert		dge and belief, is true, c	orrect, a	and complete.
	Em	ployee's signature (This form is not va	alid unless you sign it.)	Da	ate	
Employers Only	Empl	oyer's name and address		First date of employment	Employ numbe	ver identification r (EIN)



Reset Form

2700 Judge Fran Jamieson Way Viera, FL 32940

Ph: 321-633-1000 Fax: 321-735-9778

Print Form

DIRECT DEPOSIT AUTHORIZATION

School/Dept#:	7000		
Employee Name:		Employee ID#:	
Employee Address:		Phone #:	
		Date Requested:	
	MAIN ACCO	DUNT	
Bank Name:		Routing #:	
Account #:	Deposit A	mt:	
	ADDITIONAL A	CCOUNT	
Bank Name:		Routing #:	_
Account #:	Deposit A	mt:	
	ADDITIONAL A	CCOUNT	
Bank Name:		Routing #:	_
Account #:	Deposit A	mt:	
 Please attach a VOIDED checyour bank listing your Name, Please attach a VOIDED dep 	the Routing and your Account number will boosit slip for ONLY the SAVINGS account accorrect and you will need to contact your ba	eu of a VOIDED check a Direct Deposit Authorization form	corner
	t Deposit change with the School Board ha ool Board causing a 10 day delay before rec	s taken effect prior to closing your bank account, otherwis ceiving your pay.	se the
	and Assistant Principals WILL NOT be Payroll Run at the start of the school year	able to change their Direct Deposit accounts between the due to Fiscal Year End processing.	: P-24
necessary, a debit entry reversing	a credit entry made in error. This authorit	ctronic payroll credit entries to the account(s) indicated. a y is to remain in full force and effect until the School Boar er as to afford the Board and the Financial institution a reason	rd has
By signing, I/We agree to and	acknowledge the above terms.		
Employee Signature	Date Ac	count Holder, if not the Employee Date	
** Please initial:	I will not have my entire Payro outside the contiguous United S	Il Direct Deposit forwarded to a financial institution in a courtates.	ntry

*** Please allow 30 to 45 business days for processing ***





I acknowledge that this letter provides notice that I have *reasonable assurance of continued employment* as a substitute for Brevard Public Schools as long as I meet all minimum substitute requirements. I acknowledge that BPS substitute requirements may be subject to change at any time.

By virtue of this notice, I acknowledge that I may not be eligible for unemployment compensation benefits drawn on school district wages during any scheduled school breaks including, but not limited to, the summer, Thanksgiving Break, Winter Vacation, and Spring Break. I acknowledge that this assurance is contingent upon continued school operations and will not apply in the event of any disruption that is beyond the control of the District (i.e., lack of school funding, natural disasters, court-orders, public insurrections, war, etc.).

I acknowledge that nothing contained herein construes an employment contract. I acknowledge that my continued work with Brevard Public Schools is on an "at-will" basis whether employment is direct or indirect by an employment agency. I acknowledge that "at-will" employers may terminate substitutes at any time for any reason or for no reason, except for legally impermissible reasons. I acknowledge that "at-will" substitutes are free to resign at any time for any reason or for no reason.

Printed Name		
Signature	Date	