

EMPLOYEE ID OR LAST 4 OF SSN	TYPE	LAST NAME (AS IT APPEARS ON SS CARD)	SUFFIX	FIRST NAME	INITIAL
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APPOINTMENT FORM

THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

INSTRUCTIONAL SUPPORT APPOINTMENT REAPPOINTMENT NEW EMPLOYEE NON-CERTIFICATED INSTRUCTIONAL ADULT ED

CURRENTLY EMPLOYED AS/AT _____ FORMERLY EMPLOYED AS/AT _____

I | SCHOOL/DEPARTMENT NUMBER _____ SCHOOL/DEPARTMENT NAME _____

IF SHORT-TERM CONTRACT, ENDING DATE _____ IF TEMPORARY, ENDING DATE _____

REPLACEMENT FOR _____ RESIGNED TRANS TERM RETIRED EFFECTIVE DATE _____

ON LEAVE FROM _____ TO _____

II | JOB TITLE _____ JOB AD# _____

COURSE CODE NAME AND NUMBER	POSITION #	# CLASSES	HOURS	FUND	FUNC	PROJECT #

CERTIFICATION/COURSE CODE VERIFIED _____ DATE _____

III | **FOR INSTRUCTIONAL EMPLOYEES:** RETURNING FROM EXTENDED LEAVE YES NO RETURNING FROM LEAVE ON ANNUAL CONTRACT

PORTION OF THE DAY IN-FIELD _____ % PORTION OF THE DAY OUT-OF-FIELD _____ % RETURNING FROM LEAVE ON CONTINUING PROFESSIONAL SERVICE CONTRACT

JUSTIFICATION FOR EMPLOYING ALL OR ANY PORTION OF THE DAY OUT-OF-FIELD: _____

IV | **FOR SUPPORT EMPLOYEES:** POSITION # _____

PAY TYPE _____ GRADE _____ STEP _____ MONTHS WORKED _____

V |

HR OFFICE USE ONLY	BEGIN:	TERM:	SALARY SLOT:	FIELD:
ORG HIRE DATE:	BASE SALARY:	JOB CODE:	CONTRACT SALARY:	NEW HIRE YR:
HRS PER DAY:	REC CODE:	DEGREE:	CONTRACT DAYS:	COMPENSATION SERVICES: _____
				DATE POSTED/INITIALS: _____

_____ DATE _____ DATE _____ DATE

PRINCIPAL/DEPARTMENT HEAD DEPARTMENT HEAD HUMAN RESOURCES ADMINISTATOR