



# INSTRUCTIONAL EMPLOYEE CHECK LIST

## HIRE FROM SUBSTITUTE/SUPPORT/ PART-TIME INSTRUCTIONAL/COMMUNITY COACH

USE LEGAL NAME AS PRINTED ON SOCIAL SECURITY CARD

FULL EMPLOYEE NAME \_\_\_\_\_ EMPLOYEE ID \_\_\_\_\_  
If NEW Employee, use last 4 digits of SSN

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ SUFFIX \_\_\_\_\_

SEX/RACE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ FULL SOCIAL SECURITY # \_\_\_\_\_

RECOMMENDED BEGIN WORK DATE \_\_\_\_\_

SCHOOL/DEPT NUMBER \_\_\_\_\_ SCHOOL/DEPT NAME \_\_\_\_\_

INSTRUCTIONAL \_\_\_\_\_ APPOINTMENT \_\_\_\_\_ REAPPOINTMENT \_\_\_\_\_ NEW EMPLOYEE \_\_\_\_\_ NON-CERTIFICATED INSTRUCTIONAL \_\_\_\_\_ ADULT ED \_\_\_\_\_

SUPPORT \_\_\_\_\_ CURRENTLY EMP. AS/AT \_\_\_\_\_ FORMERLY EMP. AS/AT \_\_\_\_\_

HRS/DAY \_\_\_\_\_ HRLY RATE \_\_\_\_\_ NEW ALLOCATION: DATE APPROVED \_\_\_\_\_ UNIT ALLOCATION \_\_\_\_\_

IF SHORT-TERM CONTRACT, END DATE \_\_\_\_\_ IF TEMPORARY, END DATE \_\_\_\_\_ AD ED, ALLOCATED HRS \_\_\_\_\_

REPLACEMENT FOR \_\_\_\_\_ RESIGNED \_\_\_\_\_ TRANS \_\_\_\_\_ TERM \_\_\_\_\_ RETIRED \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

ON LEAVE FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_

COURSE CODE NAME/NUMBER \_\_\_\_\_

POSITION # \_\_\_\_\_ #CLASSES (CERT) \_\_\_\_\_ HOURS \_\_\_\_\_ FUND \_\_\_\_\_ FUNC \_\_\_\_\_ PROJECT # \_\_\_\_\_ EX ED LEVEL \_\_\_\_\_

COURSE CODE NAME/NUMBER \_\_\_\_\_

POSITION # \_\_\_\_\_ #CLASSES (CERT) \_\_\_\_\_ HOURS \_\_\_\_\_ FUND \_\_\_\_\_ FUNC \_\_\_\_\_ PROJECT # \_\_\_\_\_ EX ED LEVEL \_\_\_\_\_

COURSE CODE NAME/NUMBER \_\_\_\_\_

POSITION # \_\_\_\_\_ #CLASSES (CERT) \_\_\_\_\_ HOURS \_\_\_\_\_ FUND \_\_\_\_\_ FUNC \_\_\_\_\_ PROJECT # \_\_\_\_\_ EX ED LEVEL \_\_\_\_\_

COURSE CODE NAME/NUMBER \_\_\_\_\_

POSITION # \_\_\_\_\_ #CLASSES (CERT) \_\_\_\_\_ HOURS \_\_\_\_\_ FUND \_\_\_\_\_ FUNC \_\_\_\_\_ PROJECT # \_\_\_\_\_ EX ED LEVEL \_\_\_\_\_

COURSE CODE NAME/NUMBER \_\_\_\_\_

POSITION # \_\_\_\_\_ #CLASSES (CERT) \_\_\_\_\_ HOURS \_\_\_\_\_ FUND \_\_\_\_\_ FUNC \_\_\_\_\_ PROJECT # \_\_\_\_\_ EX ED LEVEL \_\_\_\_\_

COURSE CODE NAME/NUMBER \_\_\_\_\_

POSITION # \_\_\_\_\_ #CLASSES (CERT) \_\_\_\_\_ HOURS \_\_\_\_\_ FUND \_\_\_\_\_ FUNC \_\_\_\_\_ PROJECT # \_\_\_\_\_ EX ED LEVEL \_\_\_\_\_

COURSE CODE NAME/NUMBER \_\_\_\_\_

POSITION # \_\_\_\_\_ #CLASSES (CERT) \_\_\_\_\_ HOURS \_\_\_\_\_ FUND \_\_\_\_\_ FUNC \_\_\_\_\_ PROJECT # \_\_\_\_\_ EX ED LEVEL \_\_\_\_\_

RETURNING FROM EXTENDED LEAVE      YES      NO      RETURNING FROM LEAVE ON ANNUAL CONTRACT

PORTION OF THE DAY IN-FIELD \_\_\_\_\_ %    OUT-OF-FIELD \_\_\_\_\_ %    RETURNING FROM LEAVE ON CONTINUING PROF. SERVICE CONTRACT

JUSTIFICATION FOR EMPLOYING ALL OR ANY PORTION OF THE DATE OUT-OF-FIELD \_\_\_\_\_

**ALL FORMS MUST BE WET SIGNED AND DATED**

**INSTRUCTIONAL CHECKLIST**  
**HIRE FROM SUBSTITUTE/SUPPORT/PART-TIME INSTRUCTIONAL**

APPOINTEE \_\_\_\_\_ EMP ID # or LAST 4 OF SSN # \_\_\_\_\_  
Last Name First Name

SCHOOL/DEPT \_\_\_\_\_ JOB ASSIGNMENT \_\_\_\_\_

**STEPS TO BE COMPLETED AT SCHOOL LEVEL:**

- Contact Certification For Clearance or Out of Field Approval
- Complete a NEW Beacon Application. If their application is active they may need to update it only.
- Fingerprinting – Check with District Security

**FORMS/DOCUMENTS TO BE SENT TO YOUR  
EMPLOYMENT SPECIALIST IN THE FOLLOWING ORDER:**

- Appointment Form – Fill Online Form and Print for Signatures
- Florida Retirement Systems (FRS) Certification Form
- Employment Reference Check Form – Only most recent required.
- ESOL Agreement
- Internet Acceptable Use Agreement
- Social Media Guidelines Acknowledgment Form
- Loyalty Oath
- Statement of Understanding – 1 Year Probation
- Assignment Resignation Form (Employee going from Support to Instruction or Instruction to Support)
- W-4 (if applicable)
- Advanced Degree Application (if applicable)
- Out-of-Field Agreement Form (if applicable)
- Short-term Agreement (if applicable)
- Verification of teaching experience (if applicable)
- Nepotism Waiver Request (if applicable and send to Chief of Schools) to completing this checklist.

Application and transcripts must be on file with HR prior to completing this checklist  
FORMS marked if applicable will need to be printed from the HR forms web-page.

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 |

<b>HR OFFICE USE ONLY</b>	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



### FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

**1 Enter Your Info** PLEASE PRINT

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

SCHOOL / DEPARTMENT \_\_\_\_\_ PREVIOUS FRS AGENCY ( IF APPLICABLE) \_\_\_\_\_

**2 Confirm Prior Membership**

**Have you ever been a member of a State of Florida-administered retirement plan?**

**No, I have never been a member of a State of Florida-administered retirement plan.**  
If No, skip to section 4.

**Yes, I have been a member of a State of Florida-administered retirement plan.**  
If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.

FRS Pension Plan (including DROP)       FRS Investment Plan

Senior Management Service Optional Annuity Program (SMSOAP)       State Community College System Optional Retirement Program (SCCSORP)

State University System Optional Retirement Program (SUSORP)       Other \_\_\_\_\_

**3 Confirm Retiree Status**

**Are you retired from a State of Florida-administered plan? You are considered retired if:**

- You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP.
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

**No, I am not retired from a State of Florida-administered plan.** I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information.

**Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment.**  
If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.

DATE \_\_\_\_\_

**4 Sign Here**

By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Questions? Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

## Review the Following Important Information Carefully

- If you are a Pension Plan retiree, you understand:
  - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, your retirement and DROP status (if applicable) are voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.
  - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, your monthly retirement benefit must be suspended and any overpaid benefits you received must be repaid.
- If you are an Investment Plan SUSORP, SCCSORP, or SMSOAP retiree, you understand:
  - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, any benefits you received must be repaid, or you must terminate employment.
  - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, you will not be eligible for additional distributions until you terminate employment or complete 12 calendar months of retirement (whichever occurs first).
- **Any type of position** includes, but is not limited to, regularly established, full-time, part-time, OPS, temporary, seasonal, substitute teachers, adjunct professors, etc. Also, any paid or unpaid positions with an FRS employer, service arrangements with an FRS employer, employment by or through a third-party providing service to an FRS employer, or positions pre-arranged before retirement to provide services after retirement to any FRS employer, are prohibited.
- Florida law requires a return of all overpaid Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to overpaid SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan’s administrator for details.
- There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer and are reemployed as a school resource officer by an FRS-covered employer during the seventh through twelfth calendar months after your retirement date or after your DROP termination date, you are eligible to receive both your salary and retirement benefits during this period.
- Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SMSOAP, SCCSORP are eligible for renewed membership in the Investment Plan, SUSORP, SMSOAP, SCCSORP. You must be employed in an FRS-covered position on or after July 1, 2017 in order to have renewed membership. Renewed members may not use a second election to change to the Pension Plan.
- If you are not retired and you earned FRS service after certain periods since 2002 (depending on your employer), you will be enrolled in the FRS retirement plan you were enrolled in when you terminated FRS-covered employment.

This completed form, including page 2, should be retained in the employee’s personnel file. Do not send this form to the FRS, unless requested.

**PRESERVICE AGREEMENT TO COMPLETE ESOL TRAINING - BREVARD COUNTY GUIDELINES**

Name \_\_\_\_\_ School \_\_\_\_\_

Social Security Number \_\_\_\_\_

As a condition of my employment by Brevard County Schools, **when the first ELL student is assigned to my class, I will take the ESOL training within the timeline indicated in the chart below for my area of assignment.**

**Timelines for Completion of the ESOL Training Requirements**

AREA OF ASSIGNMENT I	AREA OF ASSIGNMENT II	AREA OF ASSIGNMENT III	AREA OF ASSIGNMENT IV
Language Arts / English / Reading Teacher	Computer Literacy, Mathematics, Science, Social Studies	All other subjects not included in Area I or II	School Guidance Counselor
REQUIREMENTS and TIMELINES			
15 semester hours or 300 in-service credits or ESOL Coverage & 120 credits	3 college semester hours or 60 in-service credits	3 college semester hours or 18 in-service credits	3 college semester hours or 60 in-service credits
5 years total allowed for completion, 3 semester hours or 60 in-service credits in the year that the teacher first becomes responsible for the Language Arts instruction of an ELL student, 3 semester hours or 60 in-service credits each subsequent year until the teacher applies to be certified in ESOL	within 1 year after the teacher is assigned the first ELL student	within 1 year after the teacher is assigned the first ELL student	Within 3 years of date of hire
<b>Courses for Area I ESOL Endorsement:</b>	<b>Courses Required for Area II:</b>	<b>Course Requirement for Area III:</b>	<b>Course Requirement for Area IV:</b>
(300 in-service credits or 15 college semester hour credits) <ul style="list-style-type: none"> <li>• ESOL Methods of Teaching (60 credits or 3 semester hours)</li> <li>• ESOL Curriculum, &amp; Materials (60 credits or 3 semester hours)</li> <li>• ESOL Testing and Evaluation (60 credits or 3 semester hours)</li> <li>• ESOL Applied Linguistics (60 credits or 3 semester hours)</li> <li>• ESOL Cross Cultural Awareness (60 credits or 3 semester hours)</li> </ul>	(60 in-service credits or 3 semester hours) <ul style="list-style-type: none"> <li>• By one (1) of the courses listed for Area 1 teachers</li> </ul>	(18 hours in-service credits) <ul style="list-style-type: none"> <li>• 18 ESOL course (the course introduction is offered on district in-service days or through online 18 hr. course)</li> </ul>	<ul style="list-style-type: none"> <li>• Special in-service 'ESOL Admin' course of 60 in-service credits for school admin/guidance or</li> <li>• equivalent college course</li> </ul> <p><b>NOTE:</b> Any 60 in-service credits listed in Area 1 ESOL Endorsement that was completed previous to hire will be credited for this requirement.</p>

I understand I must provide transcripts, grade reports, or in-service credit records to the Department of Certification/Professional Development to verify completion of approved ESOL training. I am aware that failure to comply with the training requirement by completion timeline for my area of assignment will be grounds for nonrenewal of my annual contract with the School Board of Brevard County and/or appropriate discipline by my administrator.

Signature of Teacher \_\_\_\_\_  
PER 9400 068 0312

Date \_\_\_\_\_

# School Board of Brevard County

2700 Judge Fran Jamieson Way • Viera, FL 32940-6601

Mark J. Rendell, Ed.D., Superintendent



## EMPLOYMENT REFERENCE CHECK FORM

**DIRECTIONS:** This form is required to be used by the principal or supervisor offering the position to the intended candidate.

Section 1012.27(6), Florida Statutes, titled *Public school personnel: powers and duties of district school superintendent*, Board Policy 3121 Conditions for Employment and Re-Employment of Staff and AP 3121 Employment Procedures require employment history checks.

Candidate Name \_\_\_\_\_

Position \_\_\_\_\_

Job Site/School \_\_\_\_\_

### Reference #1 (Most Recent Employer)

Name of Contact \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Name of Organization \_\_\_\_\_

1st Attempt Date \_\_\_\_\_ Yes No

2nd Attempt Date \_\_\_\_\_ Yes No

3rd Attempt Date \_\_\_\_\_ Yes No

Questions to ask contact (document answers below):

1. Did the employee receive any discipline while in your employ?
2. Were there any concerns noted within this employee's annual evaluations?
3. What was the reason for separation from your employ?
4. Would you rehire this employee?

### Reference #2 (Previous Employer)

Name of Contact \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Name of Organization \_\_\_\_\_

1st Attempt Date \_\_\_\_\_ Yes No

2nd Attempt Date \_\_\_\_\_ Yes No

3rd Attempt Date \_\_\_\_\_ Yes No

Questions to ask contact (document answers below):

1. Did the employee receive any discipline while in your employ?
2. Were there any concerns noted within this employee's annual evaluations?
3. What was the reason for separation from your employ?
4. Would you rehire this employee?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Human Resources Services 1st Attempt Date \_\_\_\_\_ Yes  
Phone: (321) 633-1000, ext. 11200 • FAX: (321) 633-2525 3rd Attempt Date \_\_\_\_\_ Yes







## STAFF NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY AGREEMENT

To access the Network/Internet through the District's computers/network, staff members, defined as any Network/Internet user under the supervision of the site manager or within a manager's site responsibility, including Non-Brevard Public Schools employees, must sign and return this Agreement before accessing the District Network.

**Use of the Network/Internet is a privilege, not a right. The Board's Network/Internet connection is provided for business, professional, and educational purposes only. Unauthorized or inappropriate use will result in a cancellation of this privilege.**

The District has implemented Technology Protection Measures which is a specific technology that will protect against (e.g., block/filter) internet access to visual displays that are obscene, child pornography, or harmful to minors. The Board also monitors online activity of staff members in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate, and/or harmful to minors. The Superintendent may disable the technology protection measure to enable access for bona fide research or other lawful purposes.

Staff members accessing the Network/Internet through the District's computers/network assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Network/Internet.

The District reserves the right to monitor, review, and inspect communications, files, and/or messages residing on or sent using the District's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

To the extent that a staff member has the proprietary rights in the design or development of computer based software/websites hosted on Board approved servers, the staff member agrees to license the use of the website by the Board without further compensation. The staff member agrees to abide by local, state, federal, and School Board regulations.

It is the responsibility of each staff member to use due diligence in keeping the District's data resources secure. This includes but is not limited to keeping confidential all passwords assigned for use of District computing resources and securing all data especially when transported from and to District sites.

### Please complete the following information:

Staff Member's Full Name: \_\_\_\_\_  
Last Name First Name Middle Initial

School/Department Number \_\_\_\_\_

I have read and agree to abide by the Staff Network and Network/Internet Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy is inappropriate and may constitute a criminal offense. As a user of the District's computers/network and the Network/Internet, I agree to communicate over the Network/Internet and the Network in an appropriate manner, honoring all relevant laws, restrictions, and guidelines.

Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Superintendent, or designee, is responsible for determining what is unauthorized or inappropriate use. The Superintendent may deny, revoke, or suspend access to the Network/Internet to individuals who violate the District's Staff Network and Internet Acceptable Use and Safety Policy and related Procedures and take such other disciplinary action as is appropriate pursuant to the applicable collective bargaining agreement and/or District Policy.



## Brevard Public Schools' Social Media Guideline

Brevard Public Schools values innovation, collaboration, and connecting others to the nobility of our mission. We recognize the importance of social media as a tool for communicating, teaching, and learning. This agreement addresses employees' use of publicly available social media including, but not limited to: blogs and micro-blogs (e.g. Twitter), content communities (e.g. YouTube), social networking sites (e.g. Facebook), virtual game worlds (e.g. World of Warcraft), and virtual social worlds (e.g. Second Life).

By reading and signing this document, employees acknowledge the following guidelines:

**Add value.** Millions of words have already been deposited in Cyberspace. If you invest a few words of your own, make them count. Comments and posts about our District should be insightful and build a sense of community. Your online remarks are adding value if they increase knowledge or skills, solve problems, or help others understand education better.

**Be responsible.** You are ultimately accountable for what you write online. If you're about to publish something that makes you even the slightest bit uncomfortable, proceed with extreme caution. Take time to review these guidelines and try to figure out what's bothering you and fix it. If you're still unsure, you might want to discuss it with your supervisor. What you publish is widely accessible and will be around for a long time, so consider the content carefully. Trademark, copyright, and fair use requirements must be respected.

**Be transparent.** Your honesty will be quickly noticed in the social media environment. If you are posting about work, use your real name and identify your employment relationship with the District. Be clear about your role; if you have a vested interest in something you are discussing, be the first to point it out. If you publish to a site outside the District's network, please use a disclaimer to state in clear terms that the views expressed are the employee's alone and that they do not necessarily reflect the views of Brevard Public Schools.

**Protect confidential information.** Be thoughtful about what you publish. Make sure you do not disclose or use confidential information. Students, parents, and colleagues should not be cited or obviously referenced without their approval. For example, ask permission before posting someone's picture in a social network (student photos require parental consent) or publishing a conversation that was meant to be private. It is acceptable to discuss general details about projects, lessons, or events and to use non-identifying pseudonyms for an individual (e.g. Teacher A) so long as the information provided does not make it easy for someone to identify the individual or violate any privacy laws.

**Be respectful.** Always express ideas and opinions in a respectful manner. Make sure your communications are in good taste. Do not denigrate or insult others. Remember that our communities reflect a diverse set of customs, values, and points of view. Be respectful. This includes proper consideration of privacy and of topics that may be considered objectionable or inflammatory. Be sensitive about linking to content. Redirecting to another site may imply an endorsement of its content.

*Citing Sources: The published policies and guidelines of [IBM](#), [Intel](#), [Kodak](#) and [Minnetonka School District](#) provided the foundation for Brevard Public Schools' Employee Guidelines for Social Media*



## Brevard Public Schools' Social Media Guideline

**Perception can be reality.** In online networks, the lines between public and private, personal and professional are blurred. Just by identifying yourself as a District employee, you are creating perceptions among community members, parents, students, and the general public about your expertise and about the District. You are also creating perceptions about yourself with your colleagues, and managers. If you choose to join or engage with District students and families in a social media context, do so in a professional manner, ever mindful that in the minds of students, families, colleagues and the public, you are a District employee. Be sure that all content associated with you is consistent with your work and with the District's operational beliefs and values. To the best of our abilities, District employees should always act to ensure and protect the safety of students ---online and offline.

**Keep your cool.** One of the aims of social media is to create dialogue, and people will not always agree on an issue. When confronted with a difference of opinion, stay cool. If you make an error, be up front about your mistake and correct it quickly. Express your points in a clear, logical way. Don't pick fights. Sometimes, it's best to ignore a comment and not give it credibility by acknowledging it with a response.

**Be careful with personal information.** Make full use of privacy settings. Know how to disable anonymous postings and use moderating tools on your social media site(s). Astute criminals can piece together information you provide on different sites and then use it to impersonate you or someone you know, or even re-set your passwords.

**Be a positive role model.** The line between professional and personal relationships is blurred within a social media context. Educational employees have a responsibility to maintain appropriate employee-student relationships, whether on or off duty. Both case law and public expectations hold educational employees to a higher standard of conduct than the general public.

**Don't forget your day job.** You should make sure that your online activities do not interfere with your job. Remember that District technologies are provided for educational use. Use of social media for personal discourse during District time or on district equipment is prohibited.

If you continue to use blogs, wikis, social networks, virtual worlds, or any other kind of social media-these recommendations are for you. We encourage all who participate in social media to understand and follow these guidelines.

By my signature, I have read and understand the Social Media Guidelines as described above.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

*Citing Sources: The published policies and guidelines of IBM, Intel, Kodak and Minnetonka School District provided the foundation for Brevard Public Schools' Employee Guidelines for Social Media*

Human Resources Services

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

REV 06/2023ka-cc



# School Board of Brevard County

2700 Judge Fran Jamieson Way • Viera, FL 32940-6601

Mark J. Rendell, Ed.D., Superintendent



## LOYALTY OATH

I \_\_\_\_\_ a  
(First Name) (Middle I) (Last Name)

Citizen of the State of Florida and of the United States of America and being employed by or an officer of The School Board of Brevard County and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

\_\_\_\_\_  
Signature of Employee

STATE OF FLORIDA

COUNTY OF BREVARD

Sworn to and subscribed before me by means of  physical presence or  online notarization, this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Date Month Year

Personally known to me OR produced \_\_\_\_\_  
as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Typed, Printed or Stamped Name of Notary

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public Commission Number

REV 02/2024

Human Resources Services

Phone: (321) 633-1000, ext. 11200 • FAX: (321) 877-0952



An Equal Opportunity Employer

# School Board of Brevard County

2700 Judge Fran Jamieson Way • Viera, FL 32940-6601

Mark J. Rendell, Ed.D., Superintendent



## Instructional Probationary Employee Procedures

### STATEMENT OF UNDERSTANDING

Employee Name: \_\_\_\_\_  
Last Name First Name M Social Sec

Position: \_\_\_\_\_

School/Department Name: \_\_\_\_\_

School/Department Number: \_\_\_\_\_

#### Statement for Instructional Employees:

Florida Statute 1012.335 (3)(a)(4) states that “for any person newly employed as a member of the instructional staff after June 30, 2011, the initial annual contract shall include a one year (1) probationary period during which time the employee’s contract may be terminated without cause or the employee may resign without breach of contract.”

I have read the appropriate and applicable statement above and understand that during my first year of initial employment in this position, I am a probationary employee and may be terminated without cause or may resign my position without breach of contract.

\_\_\_\_\_  
Probationary Employee’s Signature

\_\_\_\_\_  
Date

Copy for School File  
Copy to Employee  
Signed original to Human Resources Services – ESF

REV 11/2023

Human Resources Services

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



# School Board of Brevard County

2700 Judge Fran Jamieson Way • Viera, FL 32940-6601

Mark J. Rendell, Ed.D., Superintendent



## ASSIGNMENT RESIGNATION FORM

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Employee ID or Last 4 SSN: \_\_\_\_\_

Position: \_\_\_\_\_

Current Supervisor: \_\_\_\_\_

I resign my position of \_\_\_\_\_ at \_\_\_\_\_

**Job Title**

**School/Dept Name**

as of \_\_\_\_\_ . I will be starting the position of \_\_\_\_\_ at

**Last Day**

**Job Title**

as of \_\_\_\_\_ .

**School/Dept Name**

**First Day**

### Current

**School/Site:**

Completed

\_\_\_\_\_  
Employee Signature\*

\_\_\_\_\_  
Date

Accepted

\_\_\_\_\_  
School Principal / Dept. Director

\_\_\_\_\_  
Date

**BPS District:**

Received

\_\_\_\_\_  
Employment Specialist

\_\_\_\_\_  
Date

Approved

Denied

\_\_\_\_\_  
Employment Manager

\_\_\_\_\_  
Date

\*By signing this form, you are acknowledging that your pay and/or benefits will depend on the new classification. REV 06/2023cc

**Human Resources Services**

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

