

## SHORT TERM AGREEMENT

I understand that my short-term assignment for employment will end \_\_\_\_\_.

I further understand that I am employed through the above mentioned date and the School Board of Brevard County is under no obligation to extend my contract beyond this date.

In the event the teacher of record returns from leave before the short-term agreement end date, the short-term teacher agreement may be amended.

I understand that my name can be included on the active instructional substitute list by emailing Human Resources at [Substitutes@brevardschools.org](mailto:Substitutes@brevardschools.org).

\_\_\_\_\_  
Print Employee's Name

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

\_\_\_\_\_  
Date

REV 06/2023

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

