

\_\_\_\_\_  
(Print) Last Name      First      Middle

\_\_\_\_\_  
Employee Id Number      School/Dept.

**AUTHORIZATION FOR PAYROLL DEDUCTION**

I hereby authorize the School Board of Brevard County, Florida to deduct \$75.00 from my earnings for processing my **ADD-ON subject or endorsement area** to my Florida certificate (**CANNOT BE USED AFTER MAY 1 AND BEFORE AUGUST 1 EACH YEAR.**) *Individuals no longer employed by the School Board of Brevard County, employees on leave or charter school employees are NOT eligible for the payroll deduction option.*

**PLEASE SUBMIT THIS FORM ELECTRONICALLY TO CERTIFICATIONDEPT@BREVARDSCHOOLS.ORG  
DO NOT SEND TO PAYROLL DEPT.**

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

**OFFICIAL USE ONLY – CERTIFICATION OFFICE**

FL DOE ***ADD-ON subject area*** application processed: \_\_\_\_\_ Date: \_\_\_\_\_