Brevard Public Schools THE FORMER SPACE COAST	ment Form So	<b>School Board of Brevard County</b> 2700 Judge Fran Jamieson Way Viera, Florida 32940		Date of Out-of-Field Assignment	(mm/dd/yyyy)
				Subject Area (s)	
Last Name, First Name (Please Type or F	Print) Employee	ID Number	School		

## **OUT-OF-FIELD ASSIGNMENT**

I understand that during the twelve (12) months following the date of this out-of-field assignment, I must complete six (6) semester hours of appropriate credit in the out-of-field area that I am currently teaching or two (2) endorsement courses. I further understand that each twelve-month period that I continue teaching out-of-field, I must complete six (6) semester hours of appropriate credit or two (2) endorsement courses. If I fail to submit proof of this coursework (transcripts or grade report), I will no longer be eligible to teach out-of-field in Brevard Public Schools. Once you have completed the requirement you must apply to the FLDOE to add the subject/endorsement to your certificate to be in compliance and certified.

I understand that I must take and pass the subject area exam in the subject that I am teaching out-of-field. The test must be taken during the twelve (12) months following the date of this out-of-field assignment. (Exceptions: Gifted.) Once you have completed the requirement you must apply to the FLDOE to add the subject/endorsement to your certificate to be in

Teacher Initials

<sup>cher</sup> compliance and certified.

Depending on my contract status (AC, CC or PSC) my employment with the District could be subject to termination or reassignment where a vacancy in my field exists, if I do not complete the required coursework or test and add to my certificate. My signature indicates that I have read and understood the terms of this agreement.

Signature of Teacher	
SUPERINTENDENT'S APPROVAL	

Signature of Principal Exceptions: Counseling or Gifted

Signature of Superintendent or Designee

Date

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