



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 7000

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

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



EMPLOYEE ETHNICITY DATA

Name: _____

Last Name

First Name

Middle Initial

School/Dept: **7000** _____

The request for race information is requested to satisfy federal requirements.

Answer BOTH Questions

1. Are you Hispanic or Latino? *(Please, mark only one.)*

- ☐ No, I am not Hispanic or Latino.
- ☐ Yes, I am Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your race? *(Please, mark all that apply.)*

- ☐ American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- ☐ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, *e.g.*, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American – A person having origins in any of the black racial groups of Africa. The term “Haitian” can be used in addition to “Black or African American.”
- ☐ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Employee's Signature: _____ Date: _____

REV 06/2023ka-cc

Human Resources Services

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



An Equal Opportunity Employer



**LETTER OF REASONABLE ASSURANCE
for New BPS Substitutes**

I acknowledge that this letter provides notice that I have ***reasonable assurance of continued employment*** as a substitute for Brevard Public Schools as long as I meet all minimum substitute requirements. I acknowledge that BPS substitute requirements may be subject to change at any time.

By virtue of this notice, I acknowledge that I may not be eligible for unemployment compensation benefits drawn on school district wages during any scheduled school breaks including, but not limited to, the summer, Thanksgiving Break, Winter Vacation, and Spring Break. *I acknowledge that this assurance is contingent upon continued school operations and will not apply in the event of any disruption that is beyond the control of the District (i.e., lack of school funding, natural disasters, court-orders, public insurrections, war, etc.).*

I acknowledge that nothing contained herein construes an employment contract. I acknowledge that my continued work with Brevard Public Schools is on an "at-will" basis whether employment is direct or indirect by an employment agency. I acknowledge that "at-will" employers may terminate substitutes at any time for any reason or for no reason, except for legally impermissible reasons. I acknowledge that "at-will" substitutes are free to resign at any time for any reason or for no reason.

Printed Name

Signature

Date

RED ROVER USE AGREEMENT FOR SUBSTITUTES

Brevard Public Schools uses an automated substitute placement program called Red Rover for absence and assignment management.

As a condition of being employed as a substitute for Brevard Public Schools, I agree to use the Red Rover system. I also agree to utilize the tools in the Red Rover system appropriately by doing the following:

- By using my Red Rover Schedule to setup non-workdays for the days I am unavailable to substitute. I understand that by not using my Red Rover schedule for the days that I am unavailable, Red Rover may contact me regarding an assignment.

My signature indicates that I have review and understand these conditions.

Are you willing to accept assignments for
support (Classroom Assistant)
absence at \$15.00 per hour?

Yes

No

Name: _____ Employee ID _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Home School: _____

Substitute Signature _____ Date _____

REV 06/2023

Human Resources Services

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





Florida Retirement System

For HR Use Only

HR Contact _____ RET Code _____

Date Reviewed _____ Rev By _____

Sub Eligible Date _____

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.



2700 Judge Fran Jamieson Way
Viera, FL 32940
Ph: 321-633-1000
Fax: 321-735-9778

DIRECT DEPOSIT AUTHORIZATION

School/Dept#: **7000**

Employee Name: _____ Employee ID#: _____

Employee Address: _____ Phone #: _____

_____ Date Requested: _____

MAIN ACCOUNT

Bank Name: _____ Routing #: _____

Account #: _____ Deposit Amt: _____

ADDITIONAL ACCOUNT

Bank Name: _____ Routing #: _____

Account #: _____ Deposit Amt: _____

ADDITIONAL ACCOUNT

Bank Name: _____ Routing #: _____

Account #: _____ Deposit Amt: _____

- Please list ALL of your accounts. Confirm the Routing and Account numbers are listed correctly.
- Please attach a VOIDED check for EACH checking account listed. In lieu of a VOIDED check a Direct Deposit Authorization form from your bank listing your Name, the Routing and your Account number will be accepted.
- Please attach a VOIDED deposit slip for ONLY the SAVINGS accounts. If the Routing number located on the lower left hand corner begins with a 4 or 5, this is incorrect and you will need to contact your bank for the correct ACH number or a Direct Deposit Authorization form listing the correct information.

***Please make sure your Direct Deposit change with the School Board has taken effect prior to closing your bank account, otherwise the funds will be returned to the School Board causing a 10 day delay before receiving your pay.

Teachers, Guidance Counselors and Assistant Principals **WILL NOT be able to change their Direct Deposit accounts between the P-24 Payroll Run and through the P-03 Payroll Run at the start of the school year due to Fiscal Year End processing.

I/We hereby authorize the School Board of Brevard County to initiate electronic payroll credit entries to the account(s) indicated, and if necessary, a debit entry reversing a credit entry made in error. This authority is to remain in full force and effect until the School Board has received written notification from me of its termination in such time and manner as to afford the Board and the Financial institution a reasonable opportunity to act on it.

By signing, I/We agree to and acknowledge the above terms.

Employee Signature

Date

Account Holder, if not the Employee

Date

** Please initial: _____

I will not have my entire Payroll Direct Deposit forwarded to a financial institution in a country outside the contiguous United States.

Reset Form

*** Please allow 30 to 45 business days for processing ***

Print Form

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2025****Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$ _____

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)