



NON-INSTRUCTIONAL HIRE FROM SUBSTITUTE

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

**NON-INSTRUCTIONAL CHECKLIST
HIRE FROM SUBSTITUTE**

APPOINTEE _____

EMP ID # or LAST 4 OF SSN # _____

SCHOOL/DEPT _____

JOB ASSIGNMENT _____

STEPS TO BE COMPLETED AT SCHOOL LEVEL:

- Complete a NEW Beacon Application. If their application is active, they may need to update it only.
- Fingerprinting – Check with District Security
- Official Transcript or High School Diploma (if applicable)
- Typing test (if applicable)
- ParaPro Testing (if applicable)

**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 (if subbing at a different school)-Only most recent required
- Statement of Understanding – 90 day Probation
- W-4 (if employee wants a change)
- Direct Deposit Authorization (if employee wants a change)
- Nepotism Waiver Request (if applicable and send to Chief of Schools)
- ESOL IA – Bilingual Verification form (if applicable)
- Group Leader Training Letter (if applicable)
- Physical Abilities Test (if applicable)

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
 APPOINTMENT
 REAPPOINTMENT
 NEW EMPLOYEE
 NON-CERTIFICATED INSTRUCTIONAL
 ADULT ED
 SUPPORT
 CURRENTLY EMPLOYED AS/AT
 FORMERLY EMPLOYED AS/AT _____

I | SCHOOL/DEPARTMENT NUMBER _____ SCHOOL/DEPARTMENT NAME _____

EMPLOYEE STREET ADDRESS _____ CITY/STATE _____ ZIP _____

RECOMMENDED BEGIN WORK DATE _____ SEX/RACE _____ BIRTH DATE _____

HRS/DAY _____ HRLY RATE _____ NEW ALLOCATION: DATE APPROVED _____ UNIT ALLOCATION _____

IF SHORT-TERM CONTRACT, ENDING DATE _____ IF TEMPORARY, ENDING DATE _____ AD ED, ALLOCATED HRS _____

REPLACEMENT FOR _____ RESIGNED TRANS TERM RETIRED EFF DATE _____

ON LEAVE FROM _____ TO _____

II | JOB TITLE _____

COURSE CODE NAME AND NUMBER	POSITION #	# CLASSES (CERTIFIED)	HOURS	FUND	FUNC	PROJECT #	PROGRAM CATEGORY

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	HR OFFICE USE ONLY:	BEGIN	TERM	SALARY SLOT	COMPENSATION SERVICES
ORG HIRE DATE	BASE SALARY	JOB CODE	TAX CD	RET CODE	
HRS PER DAY	REC CODE	RANK	CONTRACT DAYS	CONTRACT SALARY	
FIELD	NEW HIRE YR	TOTAL EXPERIENCE	FL EXP	CONT BREVARD EXP	
BD APPROVED DATE STAMP	SPEC QUAL	DATE POSTED/INITIALS			

PRINCIPAL/DEPARTMENT HEAD _____ DATE _____ AREA SUPERINTENDENT _____ DATE _____ DEPARTMENT HEAD _____ DATE _____ HUMAN RESOURCES ADMINISTRATOR _____ DATE _____

IF APPOINTMENT BLOCK IS FILLED, THIS FORM WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY A FORM W-4, A COPY OF THE EMPLOYEE'S SOCIAL SECURITY CARD, AN EMPLOYMENT PROCESS/SUB LETTER AND AN APPLICATION WITH REFERENCE EITHER ATTACHED TO THIS FORM OR ON-FILE IN HUMAN RESOURCES.



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.

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

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





90-Day Probationary Employee Procedures

STATEMENT OF UNDERSTANDING

Employee Name: _____
Last Name First Name M Social Sec

Position: _____

School/Department Name: _____

School/Department Number: _____

Statement for Support Employees:

Florida Statute 1012.40(2)(a) states that “Each educational support employee shall be employed on a probationary status for a period to be determined through the appropriate collective bargaining agreement or by district school board rule in cases where a collective bargaining agreement does not exist.”

Board Policy 4120 states that “Support employees include all those employees who work in non-instructional, non-contracted roles and serve at the pleasure of the Board subject to dismissal, transfer, promotion, or resignation and the provisions of the collective bargaining agreement.” “A regular employee is a person employed in a continuing position on a daily schedule after having completed a ninety (90) calendar day probationary period. Extensions to this period may be granted by mutual written consent of the employee and the immediate supervisor. Employees who have not completed such period of employment may be discharged without recourse and shall not be subject to the provisions of the grievance procedure for bargaining unit employees.” Support positions are those listed in the applicable bargaining unit agreement as well as some non-bargaining positions.

I have read the appropriate and applicable statement above and understand that during my first 90-days of initial employment in this position, I am a probationary employee and may be terminated without cause or may resign my position.

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

