

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 \_\_\_\_\_

<b>V</b>	<b>HR OFFICE USE ONLY:</b>	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.