
(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 (ONE TIME ONLY) from my earnings for processing my **certificate renewal**. (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 RETURN THIS FORM ELECTRONICALLY TO CERTIFICATIONDEPT@BREVARDSCHOOLS.ORG
DO NOT SEND TO PAYROLL DEPT.**

Employee Signature

Check here if you held a three-year FL DOE Temporary Certificate the year preceding your validity period of your current FL DOE Professional Certificate AND completed Reading and/or ESOL in-services with Brevard Public Schools.

Check here if you are using college coursework or college teaching experience to renew your current FL DOE Professional Certificate.

BELOW FOR OFFICIAL USE ONLY – CERTIFICATION OFFICE

FL DOE **CERTIFICATE RENEWAL** application processed _____ Date: _____

FP _____

Points _____

SWD Points _____