

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      SUPPORT      APPOINTMENT      REAPPOINTMENT      NEW EMPLOYEE      NON-CERTIFICATED INSTRUCTIONAL      ADULT ED

CURRENTLY EMPLOYED AS/AT \_\_\_\_\_ FORMERLY EMPLOYED AS/AT \_\_\_\_\_

I | SCHOOL/DEPARTMENT NUMBER \_\_\_\_\_ SCHOOL/DEPARTMENT NAME \_\_\_\_\_

IF SHORT-TERM CONTRACT, ENDING DATE \_\_\_\_\_ IF TEMPORARY, ENDING DATE \_\_\_\_\_

REPLACEMENT FOR \_\_\_\_\_ RESIGNED      TRANS      TERM      RETIRED      EFFECTIVE DATE \_\_\_\_\_

ON LEAVE FROM \_\_\_\_\_ TO \_\_\_\_\_

II | JOB TITLE \_\_\_\_\_ JOB AD# \_\_\_\_\_

COURSE CODE NAME AND NUMBER	POSITION #	# CLASSES	HOURS	FUND	FUNC	PROJECT #

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 |

<b>HR OFFICE USE ONLY</b>	BEGIN:	TERM:	SALARY SLOT:	FIELD:
ORG HIRE DATE:	BASE SALARY:	JOB CODE:	CONTRACT SALARY:	NEW HIRE YR:
HRS PER DAY:	REC CODE:	DEGREE:	CONTRACT DAYS:	COMPENSATION SERVICES: _____
				DATE POSTED/INITIALS: _____

\_\_\_\_\_ DATE      \_\_\_\_\_ DATE      \_\_\_\_\_ DATE  
 PRINCIPAL/DEPARTMENT HEAD      DEPARTMENT HEAD      HUMAN RESOURCES ADMINISTATOR