



# PART TIME RETURNING COMMUNITY COACH COACHING AT SAME SCHOOL AND SAME SPORT APPOINTMENT CHECKLIST

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 YEAR \_\_\_\_\_

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 \_\_\_\_\_

PRINCIPAL NAME \_\_\_\_\_

ATHLETIC DIRECTOR NAME \_\_\_\_\_

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**

**PART TIME RETURNING COMMUNITY COACH  
COACHING AT SAME SCHOOL AND SAME SPORT**

**NAME OF COACH:** \_\_\_\_\_ **EMP ID # OR LAST 4 OF SSN #:** \_\_\_\_\_  
Last Name First Name

**SCHOOL NAME/NUMBER:** \_\_\_\_\_ **SCHOOL YEAR:** \_\_\_\_\_

**STEPS TO BE COMPLETED BEFORE CANDIDATE CAN BE HIRED AS A COACH:**

- FINGERPRINTS - CHECK WITH DISTRICT SECURITY
- For eligibility to be employed as a community coach email Raquel Figueroa at [figueroa.raquel@brevardschools.org](mailto:figueroa.raquel@brevardschools.org)  
or Sharon Doucett-Doran at [Doucett-Doran.Sharon@brevardschools.org](mailto:Doucett-Doran.Sharon@brevardschools.org) \*Not required for cheer coach
- Apply to the Florida Department of Education (FL DOE) for the Athletic Coaching Certification including payment at <http://www.fldoe.org/teaching/certification/on-line-application-status-lookup-site.stml> \*Not required for cheer coach

**FORMS/DOCUMENTS TO BE SENT TO YOUR  
EMPLOYMENT SPECIALIST IN THE FOLLOWING ORDER:**

- Appointment Form – Fill Online Form and Print for Signatures
- Community Coach Employment Process Letter
- Athletic Community Coach Agreement \*Not required for cheer coach and dance

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



# School Board of Brevard County

2700 Judge Fran Jamieson Way • Viera, FL 32940-6601

Mark J. Rendell, Ed.D., Superintendent



## ATHLETIC COMMUNITY COACH AGREEMENT

I, \_\_\_\_\_ understand that as a community coach I am considered an employee of Brevard Public Schools and must adhere to all District and State policies for educators. **I must also complete the following requirements before I can begin to coach and be with the students:**

Apply for a three-year temporary athletic coaching certificate <http://www.fldoe.org/teaching/certification/on-line-application-status-lookup-site.stml> **Give a copy of my confirmation of applying to the Athletic Director.**

Be fingerprinted and pay the required fee (contact District Security 633-1000 ext. 11233).

Be Drug screened and pay required fee at Human Resources in ESF, Viera (633-1000 ext. 11225).

Provide to Professional Practices Services required documentation for clearance of any arrest record, if applicable, to receive the athletic coaching certificate. I understand I may not be paid until I have been cleared of all charges through PPS.

Complete all hiring paperwork required by the School Board for the coaching position, **including the employment application on BEACON.**

Complete all three required courses and receive a valid CPR card from the American Heart Association or the American Red Cross before my three year temporary certificate expires.

The required Athletic Coaching courses are currently offered through the School Board of Brevard County. Course information is available on the District website: <http://professionaldevelopment.brevard.k12.fl.us> or by contacting your Athletic Director or school secretary, OR fee-based online courses are also available at <https://coacheducation.humankinetics.com/collections/663>

The three required courses are: Sports Specific, Sports Medicine, and Sports Theory and receive a valid CPR card from American Heart Association or American Red Cross.

If I hold a valid five-year athletic coaching certificate with the State of Florida, I am not required to take the courses again, unless there has been a change in the requirements with the Florida Department of Education (FL DOE). I am required to update my fingerprints, every five years. If my five-year certificate expires, I will be required to hold a valid CPR card from the American Heart Association or American Red Cross and provide a legible, verifiable copy of the CPR card to the offices of Certification, in order to meet current FL DOE requirements to obtain a new five - year athletic coaching certificate.

***I understand that it is my responsibility to complete ALL requirements. I further understand that if I fail to complete all requirements above including the three required courses and CPR prior to the expiration of my three year temporary, I will not receive the coaching supplement and will be considered as having volunteered my time.***

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Print: Community Coach Name

Signature

Date

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Print: Principal Name

Signature

Date

Original: Employment Specialist  
CC: Community Coach

REV 02/24

Human Resources Services

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

