



Updated on 02-17-2020

Student Internship Handbook

Employed by Brevard Public Schools

**Office of Career and Technical Education
2700 Judge Fran Jamieson Way
Viera FL 32940
(321) 633-1000 X 11383**

Table of Contents

Request for CTE Student Internship	1
How to Apply for the CTE Student Internship Program	2- 3
CTE Internship Benefits	4
Internship Responsibilities	5- 8
CTE Internship Training Agreement	9
CTE Training Plan	10
CTE Internship Data Form	11
CTE Internship Record of Hours Worked	12
CTE Internship Performance Evaluation	13
CTE Student Intern Hiring Checklist	14
Automatic Direct Deposit Authorization	15
W-4 Form	16-19
Employment Eligibility Verification	20-22
School Board of Brevard County Reference Forms	23
Examples of Cover Page and Resume'	24-25

REQUEST FOR CTE STUDENT INTERNSHIP

Student Name _____ Student Number _____

High School _____ Internship Position Requested _____

Parent/Guardian Approval: I understand that my student is applying for a paid internship position with Brevard Public Schools. If my child is offered an internship, I also understand that my student may have to exchange up to 3 class periods (or up to 2 blocks) to accommodate the internship course and that I am responsible for providing transportation to and from the internship. I understand that my child will receive a grade for the internship based on job performance. I approve of my child participating in the CTE Internship Program.

Signature

Date

Printed Name

CTE Teacher Approval: The student named above is in my CTE program and I understand that he/she is applying for an internship with Brevard Public Schools. I understand that I will be responsible for maintaining the audit file for this student while they are participating as an intern. He/She has completed sufficient coursework to apply for the internship position and I approve of this student participating in the CTE Internship Program.

Signature

Date

Printed Name

Guidance Counselor Approval: I understand that the student named above is applying for an internship with Brevard Public Schools. He/She currently has a _____ GPA and not less than a 2.0 in his/her Career & Technical Education electives. I have reviewed the student's transcript and he/she has earned sufficient credits for graduation. I also understand that if accepted, this student will require a schedule change to be enrolled in the appropriate CTE OJT course. I approve of this student participating in the CTE Internship Program.

Signature

Date

Printed Name

School Principal Approval: I am aware that the student named above is applying for an internship with Brevard Public Schools and that said student has received all the necessary approvals before submitting his/her application. I approve of this student participating in the CTE Internship Program.

Signature

Date

Printed Name

Career and Technical Education Approval:

Signature

Date

Printed Name

If you have any questions regarding the CTE Internship Program contact Anne Everly, Student Intern Coordinator, Office of Career & Technical Education, Phone: 321-633-1000 Ext 11383, Email: Everly.Elizabeth@brevardschools.org

How to Apply for the Career & Technical Education (CTE) Student Internship Program

All of the CTE Internship positions are with a department within the Brevard Public Schools which will become the Internship Employer.

Any student applying for an Internship position has been recommended by their CTE Program Instructor. Once a student is interviewed and accepted by a Department of BPS, there is paperwork needed by the BPS Office of Career and Tech Ed (so the intern can be graded) and a Professional Employment Application is required by the BPS Department of Human Resources prior to starting in the position (so the intern can get paid).

The Intern candidate and parent must understand that a schedule change may be necessary during the school year for the student to be released from school for the assigned On the Job Training (OJT)/Career Cluster Employment. Teacher/Coordinator will contact the school guidance counselor to determine if student class schedule can be adjusted to qualify for OJT/Career Cluster Employment.

This is how the paperwork and employment process begins:

1. Complete the Request for CTE Internship form on Page 1. **This form needs to be signed by a Parent, your CTE teacher, your Guidance Counselor and your HS Principal.**
2. Prepare a **Cover Letter** stating your intent to apply for the internship position and a current **Resume. (See attached Examples in back of Handbook)**
3. Complete the **Student Internship Handbook.**

Once the Handbook is completed and submitted to the CTE Instructor and approved, then your Professional BPS On-Line Employment Application begins.

1. Go to www.brevardschools.org
2. click Careers at top of page
3. On the left side bar click Support
4. Scroll down to NEW APPLICANTS
5. Click on " **NEW APPLICANTS** "
6. Click the bubble: I have read disclosure, then press CONTINUE
7. Create your account
8. Please take your time filling out the application and be as accurate as possible with all of your information. There are three areas where you will be completing on Beacon. Beacon Home Page, Creation Page and the Submit Page

1. Work/Professional References- Teacher Emails addresses are: First name.Last name@brevardschools.org

This section of the application is where you will send the request for each of your references, You must have one reference from your HVAC Teacher and 2 more references from: a Core Teacher, Counselors or Principal.

2. Previous Work Experience - List yourself as a student at Space Coast Jr/Sr High

You are done when all of the topics below show a check mark next to each of the below topics:

General application, Previous Work Experience and Work/Professional References and Criminal History

THEN

3. Click on the [CLICK HERE-SUBMIT YOUR APPLICATION](#)

What happens next?

The BPS Department of Human Relations will review the Intern's documents and application. When it is complete, HR indicates to the appropriate department in charge of the internship that the student intern candidate is approved to begin work.

If you have any questions regarding this process, contact Anne Everly, CTE Student Intern Coordinator at the Office of Career & Technical Education by calling 321-633-1000 X11383 or emailing: everly.elizabeth@brevardschools.org

CTE Internship Benefits

When instituted correctly, with the appropriate amount of planning and forethought, the paid internship provides benefits for all stakeholders, especially the students, and the employers providing the position.

Student Benefits

- Apply skills and information learned in Career & Technical Education programs
- Confirms the importance of good attendance, punctuality and appropriate dress and behavior
- Learn and apply both technical knowledge and interpersonal skills
- Earn high school credit AND earn money in a real-time work environment
- Reference for post-secondary applications, scholarships, and college internships
- Source of contacts for future careers, not only at the internship site, but through other networking done during the internship

Internship Provider Benefits

- Contribute to education and the creation of a motivated, educated workforce
- Provides additional employees for department
- Available source of temporary employees
- Opportunity to select from students who have become familiar with industry practices through Career & Technical Education programs
- Recruit for future employees
- Retain local talent in the area
- Reduce employee turnover, reduce training costs, and increase morale among all workers

Parameters of the Program

- Student intern wages will be paid from project funds to be determined by CTE department
- Students work approximately 40 hrs per per week in summer and possibly 15 hrs per week in the school year depending on student schedule and hiring department time line.
- Students will apply to and will be interviewed by the hiring department/individual
- Students will earn \$8.56 per hour and receive high school credit in addition to their wages
- Applicants will be high school seniors coming directly from a related Career & Technical Education program

RESPONSIBILITIES

Student Responsibilities

- **Enrollment**
The student must be currently enrolled in or have completed a Career & Technical Education program at his/her school. Prior to employment the student will submit a CTE Request for Internship form showing that no grade less than a “C” was earned in the Career & Technical Education program.
- **Attendance**
The student must attend school on each day that they are assigned to work. If the student is absent from school, he/she may not attend work that day. If the student will be absent from school and work, the student is required to call in his/her absence to both the employer and the internship teacher/coordinator.
If a student attends school, but is unable to report to work, the student must officially check out through the school attendance office. Students may work on student holidays provided they have employer permission to do so.
- **Academic Standing**
While enrolled in the Internship Program, students must maintain satisfactory academic standing. Students must maintain a 2.0 overall GPA and not less than a “C” in their related Career & Technical Education course(s).
- **Transportation**
Transportation to and from the internship site is the responsibility of the student and parent.
- **Attire**
Students will provide their own work attire, which will be appropriate to the specific internship site, and align with Brevard Public School dress code guidelines.
- **Student Insurance**
Students are recommended to purchase a student accident insurance policy.
- **Sign and abide by required agreements and forms**
These documents are official audit records and must be turned in to the Internship teacher/coordinator with the first timesheet. Copies will be distributed as necessary.
- **Maintaining accurate records of hours worked and earnings (CTE Internship Record of Hours Worked)**
Original sheets must be signed and submitted to the Internship teacher/coordinator on a weekly basis. No grade will be given if the timesheet is not turned in. A copy of the timesheet must also be given to the Office of Career & Technical Education. Timesheets are an official audit record.
- **Demonstrating the employability skills essential for success on the job**
Every grading period, the employer will complete a job performance evaluation. The employer will review the evaluation with the student. Both the employer and the student will sign the evaluation document. The original document will be submitted to the internship teacher/coordinator and a copy will be submitted to the Office of Career & Technical Education. The Internship teacher/coordinator will also visit each student at his or her job site at least once each grading period.

- **Discussing any problems with the Internship Teacher or Internship Coordinator**
The internship teacher/coordinator agrees to visit each trainee at the training station and will continue a close working relationship with the person to whom the intern is responsible while on the job. The internship teacher/coordinator shall attempt to resolve any job performance complaints through cooperative efforts of all parties concerned.
- **Following safety rules and instructions**
The student will adhere to all State and Federal Regulations regarding safety while employed as an intern.
- **Being a positive representative of the school, the community and the related Career & Technical Education program**
Students are expected to demonstrate professional qualities of responsibility, dependability, ethical behavior, and maturity when they are at their job sites.

Employer Responsibilities

- **Provide an internship position**
The employer agrees to accept the intern for the purpose of providing occupational experience of instructional value. The intern will receive the same consideration given employees with regard to safety, health, social security, general work conditions and other policies and procedures of Brevard Public Schools.
- **Provide supervision**
The work activity will be under the supervision of a qualified supervisor. The work will be performed under safe and hazard free conditions.
- **Provide a workstation**
The employer will ensure that each student will receive the same consideration given other employees with regard to access to a job-appropriate workstation, supplies, and equipment.
- **Sign and abide by required agreements and forms**
There are four documents that require the signature of the employer: The training agreement, training plan, weekly timesheets, and job performance evaluation. These documents are official audit records. Copies will be distributed as necessary.

The employer will adhere to all State and Federal Regulations regarding employment, child labor laws and minimum wages, and will not discriminate in employment policies, educational programs or activities for reasons of race, sex, color, religion, national origin, marital status, age or handicap.

- **Discussing any problems with the Internship Teacher/Coordinator**
The internship teacher/coordinator will create a close working relationship with the employer to whom the intern is responsible while on the job. The internship teacher/coordinator shall attempt to resolve any job performance complaints through cooperative efforts of all parties concerned.

Parent/Guardian Responsibilities

- **Sign and abide by required agreements and forms**

There are two documents that require the signature of the parent/guardian: The training agreement and the training plan. These documents are official audit records. Copies will be distributed as necessary.

- **Attendance**

The parent/guardian is to encourage and verify the student's regular attendance and promptness at school and on the job. Students absent from school are not allowed to attend work that day. Students may work on student holidays provided they have permission from their supervisor.

- **Transportation**

The parent/guardian will arrange a method of transportation to be used by the student traveling to and from school and the job site.

Internship Teacher/Coordinator Responsibilities

- **Site Visits**

The internship teacher/coordinator agrees to visit each trainee at the training station and will continue a close working relationship with the person to whom the intern is responsible while on the job.

- **Assign Grades**

The internship teacher/coordinator is responsible for assigning the student a grade based on pre-determined criteria, job performance evaluations, submission of forms and timesheets, etc.

- **Maintain Audit File**

The internship teacher/coordinator will keep each intern's Training Agreement, Training Plan, Timesheets and Job Performance Evaluations on file for a minimum of three (3) years.

- **Monitor student attendance and total hours worked**

The internship teacher/coordinator will monitor student attendance and verify the total number of student hours worked.

- **Mediate difficulties between Student Intern/Employer**

The internship teacher/coordinator shall attempt to resolve any job performance complaints through cooperative efforts of all parties concerned.

Joint Employer-Student Responsibilities:

- **Training Agreement**

This agreement outlines the responsibilities of the employer, student, internship teacher/coordinator, and parent/guardian. This document must be signed by all parties: Employer, student, parent/guardian and internship teacher/coordinator. The original document will be given to the internship teacher/coordinator. A copy of the document will be given to the employer, student, and the Office of Career & Technical Education. This document is an official audit file record.

- **Training Plan**

The training plan is an individual learning plan for each student. It needs to include instructional objectives and on-the-job learning activities that will be completed by the intern while employed. The original Training Plan is to be submitted to the internship teacher/coordinator along with the first

timesheet. At the same time, copies should also be given to the employer, student, and the Office of Career & Technical Education.

As the student completes each of the items on the Training Plan, the employer should record the date the objective/activity was completed. Upon completion of the internship, copies of the completed document should be submitted to the student, internship teacher/coordinator, and the Office of Career & Technical Education. This document is an official audit file record.

- **Internship Data Form**
This document provides pertinent internship contact information to the internship teacher/coordinator and should be submitted with the first timesheet.
- **Record of Hours Worked**
The document is an official audit record for the student while enrolled in the Internship Program. The CTE Internship Record of Hours Worked must be signed by both the employer and the student. No grade will be given if these documents are not completed and on file in the school audit file. Original documents must be submitted to the Internship teacher/coordinator on the next school day following completion of the workweek. A copy of the signed sheet must also be given to the student and the Office of Career & Technical Education.
- **Performance Evaluation**
An evaluation of the student intern's job performance is required for every grading period. This document will be completed by the employer and reviewed with the student intern. The internship teacher/coordinator will set the deadline for submission of the document. The original document, signed by the employer and student, will be submitted to the internship teacher/coordinator. A copy of the signed document must be given to the student and the Office of Career & Technical Education.

CTE Internship Training Agreement

Updated with COVID-19 Addendum 05-29-2020

Student Name: _____ Telephone: _____

Street: _____ Date of Birth: _____ Student ID #: _____

City: _____ State: _____ Zip: _____

Employer Name: _____ Telephone: _____

Employer Department: _____

Days per week: _____ Hours per day: _____ Hours: _____ until _____

Intern Occupation Title: CTE Intern

EMPLOYER'S RESPONSIBILITIES: The employer agrees to place the intern in the work specified above for the purpose of providing occupational experience of instructional value. The work activity will be under the supervision of a qualified supervisor. The intern will receive the same consideration given employees with regard to safety, health, social security, general work conditions and other policies and procedures of Brevard Public Schools. The employer will adhere to all State and Federal Regulations regarding employment, child labor laws and minimum wages, and will not discriminate in employment policies, educational programs or activities for reasons of race, sex, color, religion, national origin, marital status, age or handicap.

INTERNSHIP TEACHER/COORDINATOR'S RESPONSIBILITIES: The internship teacher/coordinator agrees to visit each trainee at the training station and will continue a close working relationship with the person to whom the intern is responsible while on the job. The internship teacher/coordinator shall attempt to resolve any job performance complaints through cooperative efforts of all parties concerned. The internship teacher/coordinator will keep each intern's Training Agreement on file for a minimum of three (3) years.

PARENT'S/GUARDIAN'S RESPONSIBILITIES: Parent and/or guardian agree for the student to participate in the internship opportunity provided by Brevard Public Schools. The parent/guardian is to encourage and verify the student's regular attendance and promptness at school and on the job. The parent/guardian will arrange a method of transportation to be used by the student traveling to and from school and the job site.

INTERN'S RESPONSIBILITIES: The intern agrees to follow rules and guidelines established by the internship coordinator and Brevard Public Schools' employer with regard to hours of work, school attendance, and reporting procedures.

Addendum I

BPS Employees/Student Interns are advised to wear cloth face coverings when they feel they cannot appropriately social distance from other employees. We are also asking all employees to continue to limit large meetings/gatherings of people where social distancing guidelines cannot be followed. To that end, we are asking all employees to continue to adhere to the CDC guidelines for social distancing, handwashing, and other protective measures.

ALL SIGNATORIES AGREE TO COMPLY WITH THE RESPONSIBILITIES SPECIFIED IN THE TRAINING AGREEMENT.

Student Date

Parent or Guardian Date

Internship Teacher/Coordinator Date

Employer Date

Copies of the signed training plan must be submitted to the Internship Teacher/Coordinator and the Office of Career and Technical Education, Attn: Anne Everly:
Everly.Elizabeth@brevardschools.org

CTE Internship Training Plan

Student _____ Position CTE Intern

Employer _____ Phone No. _____

Department _____

Intern Duties & Responsibilities	Date Achieved

ALL SIGNATORIES AGREE TO COMPLY WITH THE RESPONSIBILITIES SPECIFIED IN THE TRAINING PLAN.

Student Date

Internship Coordinator/Teacher Date

Parent or Guardian Date

Employer Date

Copies of the signed training plan must be submitted to the Intern’s Teacher/Coordinator and to the Office of Career & Technical Education, Attn: Anne Everly Everly.Elizabeth@brevardschools.org. Student will retain and update this form throughout the internship period.

CTE-Internship Data Form

Student Name: _____ Student ID _____

Home Address _____

City _____ Zip Code _____

Parent Phone: _____ Parent email: _____

Name of Your Department: _____

Your Work Phone: _____ Your Work Email: _____

Name of Your Supervisor: _____

Job Title: CTE Intern _____ Phone: _____

Business Address: _____

City _____ Zip Code _____

CTE Student Internship Project Coordinator:

Anne Everly

Office of Career & Technical Education

Brevard Public Schools

Phone: 321-633-1000 ext. 11383

Email: Everly.Elizabeth@brevardschools.org

Fax: 321-633-3520

This form must be submitted to your Internship Teacher/Coordinator with your first timesheet.

CTE Internship Record of Hours Worked

Please Print:

Student Name _____ Student ID _____

Department _____ Work Phone _____

DAY	DATE	START TIME	FINISH TIME	TOTAL HOURS
FRI				
SAT				
SUN				
MON				
TUE				
WED				
THU				
TOTAL HOURS WORKED →				

6 min. = .1 12 min. = .2 15 min. = .25 18 min. = .3 24 min. = .4 30 min. = .5
 36 min. = .6 42 min. = .7 45 min. = .75 48 min. = .8 54 min. = .9 60 min. = 1.0

I certify that the hours reported above are complete and correct.

SUPERVISOR SIGNATURE _____ Date _____
INTERN SIGNATURE _____ Date _____

This timesheet is the official audit record for the student's grade at the school. No grade can be given if this timesheet record is not completed and on file in the school audit file.

- Original records must be submitted to the Internship Teacher/Coordinator on the next school day following completion of the workweek.
- A copy of this record must be submitted to the Office of Career & Technical Education, Attn: Anne Everly at CTE Office. Student must retain a copy of this record for their internship notebook.

CTE Internship Performance Evaluation

Student _____ ID: _____

Employer _____ Grading Period: 1 2 3 4

Department _____

Directions: Please circle the description of the performance that applies to the trait.

Traits	Performance			
	100-90	89-80	79-70	69-60
Quality of Work	Superior	Very Good	Average	Poor
Knowledge of Work	Excellent	Good	Adequate	Insufficient
Work Attitude	Very enthusiastic	Shows great interest	Shows normal interest	Indifferent; uninterested
Attendance/punctuality	Attends daily; always on time	Occasionally absent or late	Warned for tardiness/truancy	Frequently absent or late
Decision-making Ability	Makes accurate, well-informed decisions	Needs occasional guidance from supervisor/others	Often needs help with decisions	Cannot make own decisions
Industry (Diligence)	Industrious; works extra	Works steadily; good effort	Persistent in efforts	Avoids work; not persistent
Work Initiative	Seeks additional tasks; highly motivated	Alert to opportunities; makes good suggestions	Regular work performed promptly	Needs explanation of routine work
Organizational Ability	Highly capable of organizing	Fairly organized	Disorganized occasionally	Disorganized often
Attitude Toward Others	Positive; takes active friendly interest in others	Pleasant, polite	Sometimes difficult to work with	Inclined to be quarrelsome, uncooperative
Acceptance of Responsibility	Welcomes responsibility	Accepts willingly without protest	Accepts under protest	Avoids responsibility

Directions: Please place a check in the column that describes the Intended Outcome

Specific Job-Related Skills	Excellent 100-90	Above Average 89-80	Average 79-70	Poor 69-60
Uses correct language, speaks clearly, listens				
Follows prescribed dress code and/or uniform requirements				
Follows safety, security, and/or sanitation policies				
Demonstrates knowledge of department policies/functions				
Demonstrates legal and ethical behavior within the scope of job				
Demonstrates positive work habits and attitudes at the workplace-learning site				
Applies knowledge and skills learned in the classroom to actual work situations				
Participates effectively in interpersonal experiences with staff, supervisors, and customers				
Demonstrates application of knowledge regarding further career goals including required education, training, and experience				
Participates in activities that provide experiences in all aspects of the industry.				

I would assign the student a numerical grade of _____.

100-90 = A

89-80 = B

79-70 = C

69-60 = D 59-0 = F

Employer Signature Date

Student Signature Date

CTE INTERNS-STAGECRAFT WORKER CLEARING FORM

EMPLOYEE _____ SCH/DEPT _____ # _____

POSITION _____ POSTING _____

BEGIN DATE _____ TERMINAL _____

END DATE _____ ROSTER _____

DATE RECEIVED IN HR

- 1. APPOINTMENT FORM (CTE or DEPT Site)..... _____
- 2. DRUG SCREENING (HR)..... _____
- 3. APPLICATION (STUDENT)..... _____
- 4. CRIMINAL HISTORY QUESTIONNAIRE (STUDENT)..... _____
- 5. REFERENCES (STUDENT) (3)
 - 1. Drama/CTE Teacher _____
 - 2. Theater Mgr. or Class Teacher..... _____
 - 3. Class Teacher _____
- 6. I-9 FORM + VERIFIED DOCUMENTS – completed with Human Resources..... _____
- 7. COPY OF SOCIAL SECURITY CARD(STUDENT)..... _____
- 8. BANK DEPOSIT FORM (STUDENT)..... _____
- 9. W-4 (STUDENT)..... _____
- 10. CTE Agreement _____

HOURLY RATE \$8.56 (as of 06-2020)



2700 Judge Fran Jamieson Way
 Viera, FL 32940
 Ph: 321-633-1000
 Fax: 321-633-3534

DIRECT DEPOSIT AUTHORIZATION

School/Dept#: _____
 Employee Name: _____ Employee ID#: _____
 Employee Address: _____ Phone #: _____
 _____ Date Requested: _____

MAIN ACCOUNT

Bank Name: _____ Routing #: _____
 Account #: _____ Deposit Amt: _____

ADDITIONAL ACCOUNT

Bank Name: _____ Routing #: _____
 Account #: _____ Deposit Amt: _____

ADDITIONAL ACCOUNT

Bank Name: _____ Routing #: _____
 Account #: _____ Deposit Amt: _____

- Please list ALL of your accounts. Confirm the Routing and Account numbers are listed correctly.
- Please attach a VOIDED check for EACH checking account listed. In lieu of a VOIDED check a Direct Deposit Authorization form from your bank listing your Name, the Routing and your Account number will be accepted.
- Please attach a VOIDED deposit slip for ONLY the SAVINGS accounts. If the Routing number located on the lower left hand corner begins with a 4 or 5, this is incorrect and you will need to contact your bank for the correct ACH number or a Direct Deposit Authorization form listing the correct information.

****Please make sure your Direct Deposit change with the School Board has taken effect prior to closing your bank account, otherwise the funds will be returned to the School Board causing a 10 day delay before receiving your pay.*

****Teachers, Guidance Counselors and Assistant Principals WILL NOT be able to change their Direct Deposit accounts between the P-24 Payroll Run and through the P-03 Payroll Run at the start of the school year due to Fiscal Year End processing.**

I/We hereby authorize the School Board of Brevard County to initiate electronic payroll credit entries to the account(s) indicated, and if necessary, a debit entry reversing a credit entry made in error. This authority is to remain in full force and effect until the School Board has received written notification from me of its termination in such time and manner as to afford the Board and the Financial institution a reasonable opportunity to act on it.

By signing, I/We agree to and acknowledge the above terms.

Employee Signature

Date

Account Holder, if not the Employee

Date

** Please initial: _____

I will not have my entire Payroll Direct Deposit forwarded to a financial institution in a country outside the contiguous United States.

Reset Form

***** Please allow 30 to 45 business days for processing *****

Print Form

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number
	Address _____		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ Employee's signature (This form is not valid unless you sign it.)	▶ _____	Date

Employers Only	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



SCHOOL BOARD OF BREVARD COUNTY

DEPARTMENT OF HUMAN RESOURCES SERVICES

2700 JUDGE FRAN JAMIESON WAY
VIERA, FLORIDA 32940

APPLICANT REFERENCE FORM



SECTION A - NOTE: Applicant completes SECTION A, Reference completes SECTIONS B and C

APPLICANT'S NAME _____ LAST FOUR DIGITS OF SS# _____

I have applied for a position with the SCHOOL BOARD OF BREVARD COUNTY. The employment process cannot be completed until all references are on file. Please complete this reference form and return it to the Human Resources Department of the SCHOOL BOARD OF BREVARD COUNTY as soon as possible to the address above.

I authorize you to furnish Brevard Public Schools with information regarding my suitability for employment.
I do hereby release you from all liability for any damages incurred by furnishing such information.

APPLICANT SIGNATURE _____ DATE _____

This form will be shown to applicant or other member of the public *only upon specific request*, in compliance with Florida Statute 119.07, Public Records Laws.

SECTION B

NAME OF REFERENCE _____ PHONE (____) _____ - _____ EXT _____

ADDRESS _____ ZIP CODE _____

NAME OF SCHOOL, BUSINESS OR AGENCY _____ TITLE _____

SECTION C - Questions and Comments

Dates of Employment From _____ To _____

Would you recommend this individual for work involving school-age children? _____ Yes _____ No

If no, why? _____

Would you rehire this individual? _____ Yes _____ No

If no, why? _____

What was the applicant's job title and major responsibility while employed with you? _____

Why did the applicant leave your employ? _____

	Excellent	Good	Average	Below Average	N/A
Attendance/Promptness					
Loyalty/Reliability					
Honestly/Integrity					
Attitude Toward Job/Tasks					
Relations to Supervisor/Peers					
Professional Knowledge					
Technical Skills for Job Actual Job/Task Performance					
Communication Skills: Oral					
Communication Skills: Written					
Ability to Work Without Direct Supervision					
Ability to Learn New Skills/Adapt to Change					
Efficient Use of Time/Planning/Organizing					
Judgment/Common Sense					
Willingness to Accept Authority and Direction					
Stress/Tolerance/Stability					
Sensitivity to Students					
Classroom Control/Management					
Skill as Instructor					
Voice Control					
Interpersonal Relationship Skills					
What would be your overall evaluation of this applicant?					

Additional Comments: _____

SIGNATURE OF REFERENCE _____ TITLE _____ DATE _____

(Your Name) _____

(Your Address) _____

(Date) _____

I would like to in apply for the Brevard Public Schools Career and Technical Education Student Intern Program.

(State in a few words, why you would like to be a part of the student intern program and why you would like to work for the Brevard Public Schools Department you are applying for).

I hope you will consider me for the Brevard Public Schools/CTE Student Intern Program.

Sincerely,

(Your Name) _____

(Your Name) _____

(Your Address) _____

(Your City, State and ZIP) _____

Personal

(List what clubs and activities you have participated and enjoyed during your time in school)

Education

19__ to 2020 Space Coast Jr/Sr High, Cocoa Florida 32927

Grades ___ to ___

19__ to 19__ Elementary School or Other School

Grades ___ to ___

Special Training

(List any Special Training or testing you may have completed in your HVAC Classes or any other training you may have)

References

Teacher Name _____ Phone Number _____

Teacher Name _____ Phone Number _____

Teacher Name _____ Phone Number _____