



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
or Sharon Doucett-Doran at 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
 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 _____

V	HR OFFICE USE ONLY:	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.
PER 9400 019 03911 PLEASE RETAIN A COPY AND FORWARD THIS FORM TO HUMAN RESOURCES THROUGH THE APPROPRIATE SUPERINTENDENT OR DEPARTMENT HEAD. REV11/2020ka-cc

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 (see school secretary).**

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.

Print: Community Coach Name

Signature

Date

Print: Athletic Director Name

Signature

Date

Print: Principal Name

Signature

Date

Original: Employment Specialist

CC: Athletic Director File

CC: Community Coach

REV 06/2023ka-cc

Human Resources Services

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

