

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	S	UFFIX
SEX/RACE	BIRTH DATE	PHON	E NUMBER				
STREET ADDRESS							
CITY	STATE	ZIP	FU	LL SOCIAL SE	ECURITY #		
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		FORMER			RLY 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			_то				
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	l					
POSITION #	#CLASSES (CERT)	HOURS	FUND	FUNC	PROJECT #	EX ED LEVEL
COURSE CODE NAME/NUMBER						
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COURSE CODE NAME/NUMBER	K					
POSITION #	#CLASSES (CERT)	HOURS	FUND	FUNC	PROJECT #	EX ED LEVEL
COURSE CODE NAME/NUMBER	t					
POSITION #	#CLASSES (CERT)	HOURS	FUND	FUNC	PROJECT #	EX ED LEVEL
RETURNING FROM EXTENDED L					G FROM LEAVE ON AN	
PORTION OF THE DAY IN-FIELD				FROM LEAVE ON (CONTINUING PROF. SE	RVICE CONTRACT
JUSTIFICATION FOR EMPLOYING ALL OR ANY PORTION OF THE DATE OUT-OF-FIELD						

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

NAME OF COACH: Last Name First Name SCHOOL NAME/NUMBER:		EMP ID # OR LAST 4 OF SSN #:		
		SCHOOL YEAR:		
	STEPS TO BE COMPLETED BEFORE CAND	IDATE CAN BE HIRED AS A COACH:		
	FINGERPRINTS - CHECK WITH DISTRICT SECURITY For eligibility to be employed as a community coach ema	ail Raquel Figueroa at <u>figueroa.raquel@brevardschools.org</u>		
	or Sharon Doucett-Doran at <u>Doucett-Doran.Sharon@bre</u>	*Not required for cheer coach		
	Apply to the Florida Department of Education (FL DOE) find payment at http://www.fldoe.org/teaching/certification required for cheer coach	-		
	FORMS/DOCUMENTS TO EMPLOYMENT SPECIALIST IN 1			
	Appointment Form – Fill Online Form and Print for Signa	atures		
	Community Coach Employment Process Letter			
	Athletic Community Coach Agreement *Not required fo	r cheer coach and dance		

EMPLOYEE ID OR LAST 4 OF SSN	TYPE	LAST N	AME (AS IT APPEARS C	ON SS CARD)	SUFFIX		FIRST	NAME		INITIAL
					IENT FORM					
				OOL BOARD OF B						
☐ INSTRUCTIONAL	☐ APPC	DINTMENT	☐ REAPPOINTN	MENT	☐ NEW EMPLOYE		NON-CERTIFICATED			☐ ADULT ED
	Y EMPLOYED AS									
I SCHOOL/DEPARTMENT NUMB	ER		_ SCHOOL/DEPARTN	MENT NAME						
EMPLOYEE STREET ADDRESS					CIT	Y/STATE			ZIP	
RECOMMENDED BEGIN WORK DATE				SEX/R	ACE		BIRTH DATE			
HRS/DAY	HRLY RA	TE	NEW AI	LLOCATION: DATE AP	PROVED		UNIT ALLOCATION			
IF SHORT-TERM CONTRACT, ENDING	DATE			IF TEMPORARY, E	NDING DATE			_ AD ED, ALLOCATE	D HRS	
REPLACEMENT FOR				SIGNED TF	RANS \square	TERM	RETIRED E	EFF DATE		
ON LEAVE FROM				то						
II JOB TITLE										
					# CLASSES					PROGRAM
COU	RSE CODE NAME	AND NUMBER		POSITION #	(CERTIFIED)	HOURS	FUND	FUNC	PROJECT #	CATEGORY
				•		<u>.</u>	•		•	
CERTIFICATION/COURSE CODE VERIF	FIED		DATE							
III FOR INSTRUCTIONAL EMPLOY	YEES:			RETURNING FRO	M EXTENDED LEAV	E 🗆 YES 🗆	NO RE	ETURNING FROM LE	AVE ON ANNUAL C	ONTRACT \square
PORTION OF THE DAY IN-FIELD		%	PORTION OF THE D	DAY OUT-OF-FIELD		_% RETURNING	G FROM LEAVE ON CO	ONTINUING PROFES	SIONAL SERVICE CO	ONTRACT
JUSTIFICATION FOR EMPLOYING ALL	OR ANY PORTIOI	N 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	COMPENS	SATION SERVICES		
ORG HIRE DATE		BASE SALARY		JOB CODE		TAX CD	D RET CODE			
HRS PER DAY		REC CODE		RANK	CONTRACT DAYS		CONTRACT SALARY			
FIELD		NEW HIRE YR	Т	TOTAL EXPERIENCE		FL EXP	CONT BREVARD EXP			
BD APPROVED DATE STAMP				SPEC QUAL			DATE PO	OSTED/INITIALS		
PRINCIPAL/DEPARTMENT HEAD	DATE	AREA SUPERINTEN	IDENT	DATE D	EPARTMENT HEAD		DATE	HUMAN RESC	URCES ADMINISTR	ATOR 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.

School Board of Brevard County

2700 Judge Fran Jamieson Way • Viera, FL 32940-6601 Mark J. Rendell, Ed.D., Superintendent



COMMUNITY COACH EMPLOYMENT PROCESS LETTER

This notice is to provide certain information to applications for employment in the Brevard County School System concerning the process and conditions for employment.

When a selection is made, the person selected is recommended on an appointment form by the principal. This constitutes the first step in the employment procedure, but this does not constitute commitment for employment. The appointment form and credentials are reviewed by the Area Superintendent and sent to Human Resources. Further approval is required by Human Resources and by the School Board in official action. If the School Board acts favorably on this recommendation, employment will begin on a day specified and in a school designated by the School Board.

In accepting this assignment, the employee agrees to observe and enforce faithfully the laws, rules, regulations, and policies lawfully prescribed by legally constituted school authorities, insofar as such laws, rules, regulations, and policies are applicable to the above named position.

This recommendation for employment is specifically conditioned on State Board of Education Administrative Rule 6A-1.0502, paragraph 8, which states that in advance of assuming this responsibility, the applicant has a clear understanding of all state and district instructional practices and policies relevant to the responsibilities of the position.

When employed in such positions, an employee may be dismissed or suspended by the Superintendent or School Board for failure to comply with any and all lawful rules, regulations, and policies of the State Board of Education or the School Board, now existing or hereafter enacted, as provided by law.

This employment recommendation is pursuant to all of the above conditions. You may begin work provided all personnel documents are completed in time to present the appointment at the next regular School Board meeting. Failure to meet this condition will result in being considered a volunteer and no recommendation will be made for payment of the supplement.

I have read this document and understand its contents. The attached appointment form is offered in agreement with the stated process and pursuant to the employment conditions as specified.

Name (Printed)	Signature	Date	
	Principal/Department Head Signature	Date	
	School Name		

REV 06/2023ka-cc

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



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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

Complete all hiring paperwork required by the School Board for the coaching position, including the employment application on BEACON (see school secretary).

the athletic coaching certificate. I understand I may not be paid until I have been cleared of all charges through PPS.

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.humankineticscom/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

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