

EMPLOYEE ID OR LAST 4 OF SSN	TYPE	LAST NAME (AS IT APPEARS ON SS CARD)	SUFFIX	FIRST NAME	INITIAL
------------------------------	------	--------------------------------------	--------	------------	---------

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 _____

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 |

HR OFFICE USE ONLY	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: _____

PRINCIPAL/DEPARTMENT HEAD DATE

DEPARTMENT HEAD DATE

HUMAN RESOURCES ADMINISTRATOR DATE