



# NON-INSTRUCTIONAL EMPLOYEE COVER SHEET

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 \_\_\_\_\_ POSITION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ FULL SOCIAL SECURITY # \_\_\_\_\_

RECOMMENDED BEGIN WORK DATE \_\_\_\_\_

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 \_\_\_\_\_

JOB TITLE \_\_\_\_\_

MONTHS WORKED \_\_\_\_\_

**NON-INSTRUCTIONAL APPOINTMENT CHECKLIST**

SUPPORT STAFF AD# \_\_\_\_\_

APPOINTEE \_\_\_\_\_ EMP ID # OR LAST 4 OF SSN # \_\_\_\_\_

Last Name First Name

SCHOOL/DEPT \_\_\_\_\_ JOB ASSIGNMENT \_\_\_\_\_

**STEPS TO BE COMPLETED AT SCHOOL LEVEL:**

- Official Transcripts or High Diploma  
(Not required for Custodian, Cafeteria Worker, Cashier, Cook Baker, Bus Driver or Standby Driver)
- Hired in Beacon
- Send to ESF  
Fingerprinting (Cost \$41 paid at District Security by Debit or Credit)  
Drug Screening (Cost \$36 Debit, Credit, Money Order, Check payable to BPS)  
I-9 Completion – Provided List of Acceptable Documents
- Clerical Testing (if applicable)
- Para-Pro Testing Information (if applicable)

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

- Appointment Form – Fill Online Form and Print for Signatures
- Employment Reference Check Form
- Classified Employee Selection Notice
- Driver's License
- Copy Made From Original Signed Social Security Card
- W-4
- Direct Deposit Authorization
- Florida Retirement Systems (FRS) Certification Form
- Internet Acceptable Use Agreement
- Social Media Guidelines Acknowledgment Form
- Loyalty Oath
- Statement of Understanding – 90 day Probation
- Ethnicity Data
- Nepotism Waiver Request (if applicable and send to Chief of Schools)
- ESOL IA - Bilingual Verification Form (if applicable)
- Group Leader Training Letter (if applicable)
- Cafeteria Course(s) Waiver (if applicable)
- Automotive Service Excellence Waiver (if applicable)
- Physical Abilities Test (If applicable) (Custodians, Drivers, Couriers)

Application and transcripts must be on file with HR prior to completing this checklist.  
FORMS marked if applicable will need to be printed from the HR forms web-page.

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> Documents that Establish Both Identity and Employment Authorization	<b>OR</b>	<b>LIST B</b> Documents that Establish Identity	<b>AND</b>	<b>LIST C</b> Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph of information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a Temporary I-551 Stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing and official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American Tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <b>a.</b> Foreign passport; and <b>b.</b> Form I-94 or Form I-94 that has the following: (1) The same name as the passport; And (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		Due to Brevard Public Schools being an E-Verify Employer, your List B document must have a photo.		

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instruction for more information about acceptable receipts.**

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 \_\_\_\_\_

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: _____

\_\_\_\_\_  
 PRINCIPAL/DEPARTMENT HEAD      DATE      DEPARTMENT HEAD      DATE      HUMAN RESOURCES ADMINISTRATOR      DATE

# School Board of Brevard County

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

Mark J. Rendell, Ed.D., Superintendent



## EMPLOYMENT REFERENCE CHECK FORM

**DIRECTIONS:** This form is required to be used by the principal or supervisor offering the position to the intended candidate.

Section 1012.27(6), Florida Statutes, titled *Public school personnel: powers and duties of district school superintendent*, Board Policy 3121 Conditions for Employment and Re-Employment of Staff and AP 3121 Employment Procedures require employment history checks.

Candidate Name \_\_\_\_\_

Position \_\_\_\_\_

Job Site/School \_\_\_\_\_

### Reference #1 (Most Recent Employer)

Name of Contact \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Name of Organization \_\_\_\_\_

1st Attempt Date \_\_\_\_\_ Yes No

2nd Attempt Date \_\_\_\_\_ Yes No

3rd Attempt Date \_\_\_\_\_ Yes No

Questions to ask contact (document answers below):

1. Did the employee receive any discipline while in your employ?
2. Were there any concerns noted within this employee's annual evaluations?
3. What was the reason for separation from your employ?
4. Would you rehire this employee?

### Reference #2 (Previous Employer)

Name of Contact \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Name of Organization \_\_\_\_\_

1st Attempt Date \_\_\_\_\_ Yes No

2nd Attempt Date \_\_\_\_\_ Yes No

3rd Attempt Date \_\_\_\_\_ Yes No

Questions to ask contact (document answers below):

1. Did the employee receive any discipline while in your employ?
2. Were there any concerns noted within this employee's annual evaluations?
3. What was the reason for separation from your employ?
4. Would you rehire this employee?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Human Resources Services

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



# 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.

**2024**

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</b> Social security number
	Address		<b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	<b>(c)</b> <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code.

### 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](http://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, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 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 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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](http://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.

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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.** This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2024 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.

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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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 2024 itemized deductions (from Schedule A (Form 1040)). 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: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. 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)). 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 territories 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.



**Married Filing Jointly or Qualifying Surviving Spouse**

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	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



2700 Judge Fran Jamieson Way  
 Viera, FL 32940  
 Ph: 321-633-1000  
 Fax: 321-735-9778

## 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.

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



### FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

**1 Enter Your Info** PLEASE PRINT

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

SCHOOL / DEPARTMENT \_\_\_\_\_ PREVIOUS FRS AGENCY ( IF APPLICABLE) \_\_\_\_\_

**2 Confirm Prior Membership**

**Have you ever been a member of a State of Florida-administered retirement plan?**

**No, I have never been a member of a State of Florida-administered retirement plan.**  
If No, skip to section 4.

**Yes, I have been a member of a State of Florida-administered retirement plan.**  
If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.

FRS Pension Plan (including DROP)       FRS Investment Plan

Senior Management Service Optional Annuity Program (SMSOAP)       State Community College System Optional Retirement Program (SCCSORP)

State University System Optional Retirement Program (SUSORP)       Other \_\_\_\_\_

**3 Confirm Retiree Status**

**Are you retired from a State of Florida-administered plan? You are considered retired if:**

- You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP.
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

**No, I am not retired from a State of Florida-administered plan.** I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information.

**Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment.**  
If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.

DATE \_\_\_\_\_

**4 Sign Here**

By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Questions? Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

## Review the Following Important Information Carefully

- If you are a Pension Plan retiree, you understand:
  - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, your retirement and DROP status (if applicable) are voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.
  - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, your monthly retirement benefit must be suspended and any overpaid benefits you received must be repaid.
- If you are an Investment Plan SUSORP, SCCSORP, or SMSOAP retiree, you understand:
  - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, any benefits you received must be repaid, or you must terminate employment.
  - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, you will not be eligible for additional distributions until you terminate employment or complete 12 calendar months of retirement (whichever occurs first).
- **Any type of position** includes, but is not limited to, regularly established, full-time, part-time, OPS, temporary, seasonal, substitute teachers, adjunct professors, etc. Also, any paid or unpaid positions with an FRS employer, service arrangements with an FRS employer, employment by or through a third-party providing service to an FRS employer, or positions pre-arranged before retirement to provide services after retirement to any FRS employer, are prohibited.
- Florida law requires a return of all overpaid Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to overpaid SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan’s administrator for details.
- There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer and are reemployed as a school resource officer by an FRS-covered employer during the seventh through twelfth calendar months after your retirement date or after your DROP termination date, you are eligible to receive both your salary and retirement benefits during this period.
- Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SMSOAP, SCCSORP are eligible for renewed membership in the Investment Plan, SUSORP, SMSOAP, SCCSORP. You must be employed in an FRS-covered position on or after July 1, 2017 in order to have renewed membership. Renewed members may not use a second election to change to the Pension Plan.
- If you are not retired and you earned FRS service after certain periods since 2002 (depending on your employer), you will be enrolled in the FRS retirement plan you were enrolled in when you terminated FRS-covered employment.

This completed form, including page 2, should be retained in the employee’s personnel file. Do not send this form to the FRS, unless requested.



## Brevard Public Schools' Social Media Guideline

Brevard Public Schools values innovation, collaboration, and connecting others to the nobility of our mission. We recognize the importance of social media as a tool for communicating, teaching, and learning. This agreement addresses employees' use of publicly available social media including, but not limited to: blogs and micro-blogs (e.g. Twitter), content communities (e.g. YouTube), social networking sites (e.g. Facebook), virtual game worlds (e.g. World of Warcraft), and virtual social worlds (e.g. Second Life).

By reading and signing this document, employees acknowledge the following guidelines:

**Add value.** Millions of words have already been deposited in Cyberspace. If you invest a few words of your own, make them count. Comments and posts about our District should be insightful and build a sense of community. Your online remarks are adding value if they increase knowledge or skills, solve problems, or help others understand education better.

**Be responsible.** You are ultimately accountable for what you write online. If you're about to publish something that makes you even the slightest bit uncomfortable, proceed with extreme caution. Take time to review these guidelines and try to figure out what's bothering you and fix it. If you're still unsure, you might want to discuss it with your supervisor. What you publish is widely accessible and will be around for a long time, so consider the content carefully. Trademark, copyright, and fair use requirements must be respected.

**Be transparent.** Your honesty will be quickly noticed in the social media environment. If you are posting about work, use your real name and identify your employment relationship with the District. Be clear about your role; if you have a vested interest in something you are discussing, be the first to point it out. If you publish to a site outside the District's network, please use a disclaimer to state in clear terms that the views expressed are the employee's alone and that they do not necessarily reflect the views of Brevard Public Schools.

**Protect confidential information.** Be thoughtful about what you publish. Make sure you do not disclose or use confidential information. Students, parents, and colleagues should not be cited or obviously referenced without their approval. For example, ask permission before posting someone's picture in a social network (student photos require parental consent) or publishing a conversation that was meant to be private. It is acceptable to discuss general details about projects, lessons, or events and to use non-identifying pseudonyms for an individual (e.g. Teacher A) so long as the information provided does not make it easy for someone to identify the individual or violate any privacy laws.

**Be respectful.** Always express ideas and opinions in a respectful manner. Make sure your communications are in good taste. Do not denigrate or insult others. Remember that our communities reflect a diverse set of customs, values, and points of view. Be respectful. This includes proper consideration of privacy and of topics that may be considered objectionable or inflammatory. Be sensitive about linking to content. Redirecting to another site may imply an endorsement of its content.

*Citing Sources: The published policies and guidelines of IBM, Intel, Kodak and Minnetonka School District provided the foundation for Brevard Public Schools' Employee Guidelines for Social Media*



# School Board of Brevard County

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

Mark J. Rendell, Ed.D., Superintendent



## Brevard Public Schools' Social Media Guideline

**Perception can be reality.** In online networks, the lines between public and private, personal and professional are blurred. Just by identifying yourself as a District employee, you are creating perceptions among community members, parents, students, and the general public about your expertise and about the District. You are also creating perceptions about yourself with your colleagues, and managers. If you choose to join or engage with District students and families in a social media context, do so in a professional manner, ever mindful that in the minds of students, families, colleagues and the public, you are a District employee. Be sure that all content associated with you is consistent with your work and with the District's operational beliefs and values. To the best of our abilities, District employees should always act to ensure and protect the safety of students ---online and offline.

**Keep your cool.** One of the aims of social media is to create dialogue, and people will not always agree on an issue. When confronted with a difference of opinion, stay cool. If you make an error, be up front about your mistake and correct it quickly. Express your points in a clear, logical way. Don't pick fights. Sometimes, it's best to ignore a comment and not give it credibility by acknowledging it with a response.

**Be careful with personal information.** Make full use of privacy settings. Know how to disable anonymous postings and use moderating tools on your social media site(s). Astute criminals can piece together information you provide on different sites and then use it to impersonate you or someone you know, or even re-set your passwords.

**Be a positive role model.** The line between professional and personal relationships is blurred within a social media context. Educational employees have a responsibility to maintain appropriate employee-student relationships, whether on or off duty. Both case law and public expectations hold educational employees to a higher standard of conduct than the general public.

**Don't forget your day job.** You should make sure that your online activities do not interfere with your job. Remember that District technologies are provided for educational use. Use of social media for personal discourse during District time or on district equipment is prohibited.

If you continue to use blogs, wikis, social networks, virtual worlds, or any other kind of social media-these recommendations are for you. We encourage all who participate in social media to understand and follow these guidelines.

By my signature, I have read and understand the Social Media Guidelines as described above.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

*Citing Sources: The published policies and guidelines of IBM, Intel, Kodak and Minnetonka School District provided the foundation for Brevard Public Schools' Employee Guidelines for Social Media*

Human Resources Services

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

REV 06/2023ka-cc





**90-Day Probationary Employee Procedures**

**STATEMENT OF UNDERSTANDING**

Employee Name: \_\_\_\_\_  
Last Name First Name M Social Sec

Position: \_\_\_\_\_

School/Department Name: \_\_\_\_\_

School/Department Number: \_\_\_\_\_

**Statement for Support Employees:**

Florida Statute 1012.40(2)(a) states that “Each educational support employee shall be employed on a probationary status for a period to be determined through the appropriate collective bargaining agreement or by district school board rule in cases where a collective bargaining agreement does not exist.”

Board Policy 4120 states that “Support employees include all those employees who work in non-instructional, non-contracted roles and serve at the pleasure of the Board subject to dismissal, transfer, promotion, or resignation and the provisions of the collective bargaining agreement.” “A regular employee is a person employed in a continuing position on a daily schedule after having completed a ninety (90) calendar day probationary period. Extensions to this period may be granted by mutual written consent of the employee and the immediate supervisor. Employees who have not completed such period of employment may be discharged without recourse and shall not be subject to the provisions of the grievance procedure for bargaining unit employees.” Support positions are those listed in the applicable bargaining unit agreement as well as some non-bargaining positions.

I have read the appropriate and applicable statement above and understand that during my first 90-days of initial employment in this position, I am a probationary employee and may be terminated without cause or may resign my position.

\_\_\_\_\_  
Probationary Employee’s Signature

\_\_\_\_\_  
Date

Copy for School File

Copy to Employee

Signed original to Human Resources Services – ESF

REV 11/2023

Human Resources Services

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





# School Board of Brevard County

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

Mark J. Rendell, Ed.D., Superintendent



## LOYALTY OATH

I \_\_\_\_\_ a  
(First Name) (Middle I) (Last Name)

Citizen of the State of Florida and of the United States of America and being employed by or an officer of The School Board of Brevard County and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

\_\_\_\_\_  
Signature of Employee

STATE OF FLORIDA

COUNTY OF BREVARD

Sworn to and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Personally known to me OR produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Typed, Printed or Stamped Name of Notary

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public Commission Number

REV 06/2023

Human Resources Services

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



# School Board of Brevard County

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

Mark J. Rendell, Ed.D., Superintendent



## EMPLOYEE ETHNICITY DATA

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

School/Dept: \_\_\_\_\_

**The request for race information is requested to satisfy federal requirements.**

### Answer BOTH Questions

1. Are you Hispanic or Latino? *(Please, mark only one.)*

- No, I am not Hispanic or Latino.
- Yes, I am Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your race? *(Please, mark all that apply.)*

- American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, *e.g.*, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American – A person having origins in any of the black racial groups of Africa. The term “Haitian” can be used in addition to “Black or African American.”
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REV 06/2023ka-cc

Human Resources Services

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



An Equal Opportunity Employer

# School Board of Brevard County

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

Mark J. Rendell, Ed.D., Superintendent



DATE: April 3<sup>rd</sup>, 2024

TO: All Employees holding Commercial Driver's Licenses (CDL)

FROM: Rosemary Browning, Director  
Professional Standards & Labor Relations

RE: Federal Motor Carriers Safety Administration 9FMCSA)  
Drug and Alcohol Clearinghouse (Clearinghouse)

Effective January, 2020, the United States Department of Transportation (DOT) requires all public employers utilizing employees with commercial driver's licenses to register with the FMCSA Clearinghouse in order to track drug and alcohol violations of CDL holders. In order to comply with this new law, all CDL holders must establish an account with the Clearinghouse in order for Brevard Public Schools to be able to query your account. This is required to maintain your employment with Brevard Public Schools.

In order to establish your account, you need an email (not your work email) and you will be creating a login and a password. The reason you will not use your work email is because this query will be utilized by ALL employers and if you leave Brevard Public Schools, you will no longer have access to this email. Once you have an email address and have determined your login and password, you are ready to create your Clearinghouse account.

To begin your registration process, please click on the link below:

<https://clearinghouse.fmcsa.dot.gov/Resource/Index/Registration-Driver-Instructions>

(For directions in Spanish, click below)

<https://clearinghouse.fmcsa.dot.gov/Resource/Index/Registration-Driver-Instructions-Sp>

Please sign up as a Regular Driver, **Not a Student Driver**. Student drivers are only for people that are going to a trucking school.

If you have any questions, please contact Rosemary Browning or see your Secretary.

Professional Standards & Labor Relations  
Phone: (321) 633-1000, ext. 11265 • FAX: (321) 735-9788



# School Board of Brevard County

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

Mark J. Rendell, Ed.D., Superintendent



## GENERAL CONSENT FOR LIMITED QUERIES OF THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE

This is to provide consent for Brevard Public Schools to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information exists about me in the Clearinghouse. This consent covers all queries throughout my duration of employment with Brevard Public Schools.

I understand that if the limited query conducted by Brevard Public Schools indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Brevard Public Schools without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Brevard Public Schools to conduct a limited query to the Clearinghouse, Brevard Public Schools must prohibit me from performing safety-sensitive functions including driving a commercial motor vehicle as required by FMCSA's drug and alcohol program regulations which will impact my employability with Brevard Public Schools.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
CDL Number

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

**Rosemary Browning**

Director - Professional Standards & Labor Relations

Phone: (321) 633-1000, ext 11265 • FAX: (321) 636-3280

# School Board of Brevard County

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

Mark J. Rendell, Ed.D., Superintendent



## PRE-EMPLOYMENT DRUG TESTING CONSENT AGREEMENT (FORM #2)

I understand that it is the policy of the School Board of Brevard County that as a condition of employment, employees refrain from using drugs on and off the job.

In compliance with the requirements of the Florida Drug Free Workplace rules established by the Division of Worker's Compensation, I have been informed of the availability of the School Board of Brevard County's Drug Free Work Place General Policy, found in [Board Policy 3124 Drug-Free Workplace](#) and [Administrative Procedures 3124 Drug-Free Workplace Technical Guide](#), and consent to its terms. By signing this agreement, I acknowledge that I understand my rights, duties, and obligations under this Drug Free Workplace Program.

I understand I am required to submit to a urine drug test and freely and voluntarily agree to submit to the urine sample collection and drug testing as part of my application for employment.

I understand that I must report to the designated collection site within 24 hours of receiving the authorization form.

INITIAL \_\_\_\_\_

I understand that my drug screen must be conducted within thirty (30) days prior to employment.

INITIAL \_\_\_\_\_

I understand that holding a medical marijuana card does not exempt me from a positive drug screening result.

INITIAL \_\_\_\_\_

I understand that my refusal to submit to the drug test or failure to qualify accordingly to the minimum standards established by the School Board of Brevard County will disqualify me from further consideration for employment.

I understand that the Medical Review Officer (MRO) utilized by the School board of Brevard County will maintain the results of the drug test. All results, negative and positive, will be reported to the School Board of Brevard County by the Medical Review Office.

Signed: \_\_\_\_\_  
**Signature of Applicant**

*Employee ID Number, If NEW employee, use last 4 digits of SSN.*

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

REV 8/2023

**Human Resources Services**

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



An Equal Opportunity Employer

Driver Selection and Training Check List  
(6A-3.014)

Each bus driver applicant must meet the following requirements **PRIOR** to employment.

DSTC: \_\_\_\_\_  
 Pers. Out: \_\_\_\_\_  
 Sec. Out: \_\_\_\_\_  
 Ofc. File: \_\_\_\_\_

MVR: \_\_\_\_\_  
 Sec. In: \_\_\_\_\_  
 Class #: \_\_\_\_\_

Applicant: \_\_\_\_\_  
 Area: \_\_\_\_\_  
 Date of Interview: \_\_\_\_\_

**Bus Driver Applicant Requirements**

Applicant must:

- Have at least 5 years DRIVING EXPERIENCE
- Be physically fit and sufficiently strong to handle a bus with ease
- Be fingerprinted for FBI background investigative check
- Have good vision and hearing
- Be of good moral character, free from history of law violation, drugs or alcohol abuse and communicable diseases
- Meet the criteria of the Safe Driver Plan
- Have completed *Application for Employment* (with required references)
- Be mentally alert, able to communicate in a clear concise manner (both verbally and in writing)
- Be neat and clean
- Be willing to submit to MANDATORY drug & alcohol test
- Successfully pass a physical examination and dexterity test as set forth by Florida State Law 234.101(1)
- At least have passed the CDL written test for bus drivers (TEST C or D) and have a temporary CDL learner's permit.

Approved  Disapproved \_\_\_\_\_  
 Date Transportation Area Supervisor Signature

**Bus Driver Training Requirements**

Reflex Test: Date \_\_\_\_\_

Phase I:  Failed  Passed Hours \_\_\_\_\_  
 Date Training Coordinator

Phase II:  Failed  Passed Hours \_\_\_\_\_  
 Date Driver Trainer Signature

Phase III: Certification Hours \_\_\_\_\_  
 Date Transportation Area Supervisor Signature

**TOTAL HOURS** \_\_\_\_\_  
 Date Training Coordinator Signature

Approved  Disapproved  \_\_\_\_\_  
 Date Director of Transportation Signature