



**Out-of-Field Agreement Form**

**School Board of Brevard County**

2700 Judge Fran Jamieson Way  
Viera, Florida 32940

\_\_\_\_\_  
Date of Out-of-Field Assignment (mm/dd/yyyy)

\_\_\_\_\_  
Subject Area (s)

\_\_\_\_\_  
Last Name First Name Employee ID Number School

**OUT-OF-FIELD ASSIGNMENT**

I understand that during the twelve (12) months following the date of this out-of-field assignment, I must complete six (6) semester hours of appropriate credit in the out-of-field area that I am currently teaching or two (2) endorsement courses. I further understand that each twelve-month period that I continue teaching out-of-field, I must complete six (6) semester hours of appropriate credit or two (2) endorsement courses. If I fail to submit proof of this coursework (transcripts or grade report), I will no longer be eligible to teach out-of-field in Brevard Public Schools.

**OR**

I understand that I may take the subject area exam in the subject that I am teaching out-of-field in lieu of taking six (6) semester hours of credit or two (2) endorsement courses as outlined above. The test must be taken during the twelve (12) months following the date of this out-of-field assignment. (Exceptions: Guidance and Gifted.)

Depending on my contract status (AC, CC or PSC) my employment with the District could be subject to termination or reassignment where a vacancy in my field exists, if I do not complete the required coursework or test. My signature indicates that I have read and understood the terms of this agreement.

\_\_\_\_\_  
Signature of Teacher Date

\_\_\_\_\_  
Signature of Principal Date

**SUPERINTENDENT'S APPROVAL**

\_\_\_\_\_  
Signature of Superintendent or Designee Date