

## INSTRUCTIONAL APPOINTMENT CHECKLIST

APPOINTEE \_\_\_\_\_ S.S.# \_\_\_\_\_

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

DATE ADVERTISED \_\_\_\_\_ BEGIN DATE \_\_\_\_\_

- \_\_\_\_\_ \* **NEW**\* Employment Reference Check Form - Required for all new hires
- \_\_\_\_\_ **Hired in Beacon and sent to ESF for Drug Screening**
- \_\_\_\_\_ **Appointment Form** - *Fill Online Form and Print for Signatures*
- \_\_\_\_\_ **Automatic Bank Deposit Authorization** - *Print - may be partially completed by secretary*
- \_\_\_\_\_ **Ethnicity Form**
- \_\_\_\_\_ **Fingerprint submitted at Office of District and School Security**
- \_\_\_\_\_ **Official Transcripts**
- \_\_\_\_\_ **Applied for FLA Educator's Certificate** - *Contact Dinah Kramer for certification clearance*
- \_\_\_\_\_ **W-4 (withholding statement)** - *Print*
- \_\_\_\_\_ **Internet Acceptable Use Agreement**
- \_\_\_\_\_ **Employment Eligibility Verification (I-9)** - *include copy of documents verified. Print*
- \_\_\_\_\_ **Copy of original Social Security Card and Drivers License**
- \_\_\_\_\_ **Substitute Agreement** - *Print - may be partially completed by secretary*
- \_\_\_\_\_ **Military Discharge (DD214 - if applicable)**
- \_\_\_\_\_ **For all ROTC instructors - DD2767 AND DD2754 (link on previous page)**
- \_\_\_\_\_ **Florida Retirement System (FRS) Certification Form** - *Print*
- \_\_\_\_\_ **Loyalty Oath** - *Fill Online Form and Print for Signatures*
- \_\_\_\_\_ **Social Media Guidelines Acknowledgment Form**
- \_\_\_\_\_ **Statement of Understanding (One Year Probation)**
- \_\_\_\_\_ **Employment Status Letter** - *Print - may be partially completed by secretary*
- \_\_\_\_\_ **ESOL Agreement** - *Print*
- \_\_\_\_\_ **Verification of teaching experience** - *Print one form for each form employer*
- \_\_\_\_\_ **Short-term letter (contract ending prior to last teacher day)** - *Print*
- \_\_\_\_\_ **National Board Teachers Information Form** - *if applicable - Print*
- \_\_\_\_\_ **Out-of-Field Agreement Form** - *Fill Online Form and Print for Signatures*
- \_\_\_\_\_ **Nepotism Waiver Request (if applicable)** - *Fill Online Form and Print on School Letterhead for Signatures*

**PLEASE NOTE:** These items should already be on file in Human Resources Services.

If not, please send with the appointment:

- \_\_\_\_\_ Employment Application in BEACON
- \_\_\_\_\_ Appropriate References (3)
- \_\_\_\_\_ Transcripts from all colleges/universities
- \_\_\_\_\_ Copy of valid Florida Certificate *(if issued)*
- \_\_\_\_\_ Copy of Eligibility Statement *(if issued)*



## Employee Ethnicity Data

Name: \_\_\_\_\_

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

**The request for gender and 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: \_\_\_\_\_

# 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.**

# 2021

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(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		
	(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (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, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**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); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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 Dependents</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 and enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>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>	\$ _____
	(c) <b>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)

## General Instructions

### 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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), 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 2021 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, 2022.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**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. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. 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.

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2021 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.

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 2021 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: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 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 possessions 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 Widow(er)**

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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

**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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

**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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

## STAFF NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY AGREEMENT

To access the Network/Internet through the District's computers/network, staff members, defined as any Network/Internet user under the supervision of the site manager or within a manager's site responsibility, including Non-Brevard Public Schools employees, must sign and return this Agreement before accessing the District Network.

**Use of the Network/Internet is a privilege, not a right. The Board's Network/Internet connection is provided for business, professional and educational purposes only. Unauthorized or inappropriate use will result in a cancellation of this privilege.**

The District has implemented Technology Protection Measures which is a specific technology that will protect against (e.g., block/filter) Internet access to visual displays that are obscene, child pornography or harmful to minors. The Board also monitors online activity of staff members in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. The Superintendent may disable the technology protection measure to enable access for bona fide research or other lawful purposes.

Staff members accessing the Network/Internet through the District's computers/network assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Network/Internet.

The District reserves the right to monitor, review and inspect communications, files and/or messages residing on or sent using the District's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

To the extent that a staff member has the proprietary rights in the design or development of computer based software/websites hosted on Board approved servers, the staff member agrees to license the use of the web site by the Board without further compensation. The staff member agrees to abide by local, state, federal, and School Board regulations.

It is the responsibility of each staff member to use due diligence in keeping the District's data resources secure. This includes but is not limited to keeping confidential all passwords assigned for use of District computing resources and securing all data especially when transported from and to District sites.

**Please complete the following information:**

Staff Member's Full Name: \_\_\_\_\_

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

I have read and agree to abide by the Staff Network and Network/Internet Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy is inappropriate and may constitute a criminal offense. As a user of the District's computers/network and the Network/Internet, I agree to communicate over the Network/Internet and the Network in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Superintendent, or designee, is responsible for determining what is unauthorized or inappropriate use. The Superintendent may deny, revoke or suspend access to the Network/Internet to individuals who violate the District's Staff Network and Internet Acceptable Use and Safety Policy and related Procedures and take such other disciplinary action as is appropriate pursuant to the applicable collective bargaining agreement and/or District Policy.**

## LISTS OF ACCEPTABLE DOCUMENTS

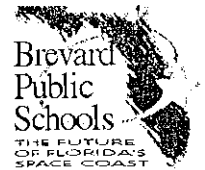
### All documents must be UNEXPIRED

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> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
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. 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		
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		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.**



**SUBSTITUTE AGREEMENT**

I understand that I cannot begin work as a regular employee until my file is cleared according to regulation which includes the processing of the appointment and all required paperwork. I further understand that the school board is the employer and, until my recommendation is approved by the Board, I am not an authorized employee of the School Board of Brevard County.

I understand that I will be paid as a substitute and that I cannot claim retroactive pay for full time service (1) if I begin work prior to the clearing of my appointment; (2) if I fail to complete the required paperwork; or (3) if the Board rejects my appointment for any reason. I also understand that, in the event I am paid as a substitute, I must have the appropriate paperwork on file to be placed on the payroll in a substitute capacity.

I have read this document and understand its contents.

---

Applicant's Signature Date

---

Signature of Principal or Department Head Date

# BREVARD PUBLIC SCHOOLS

## FLORIDA RETIREMENT SYSTEM (FRS) CERTIFICATION FORM

To be completed by all applicants including Community Coaches, Adult Education and Temporary Employees, such as Substitutes and Short Term Contracts. This form is not an offer of employment nor is it an enrollment form. If hired, an FRS Benefit Comparison Statement will be mailed to your home.

Please complete this form properly and return it immediately along with your application

Legal Name \_\_\_\_\_ Position \_\_\_\_\_

SS# \_\_\_\_\_ School/Department \_\_\_\_\_ Hire Date \_\_\_\_\_

Please complete Section I, II, III, or IV

I. I have **never** been a member of a State of Florida administered retirement plan. **Stop Here and Sign.** Or yes, I have been or currently am a member of a State of Florida administered retirement plan. **Proceed to Section II.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV). If you do not know which plan to check below, please call FRS at 1-844-377-1888.

FRS Pension Plan (incl. DROP)  FRS Investment Plan  TRS  SCOERS  Other \_\_\_\_\_

Previous FRS Employer(s): \_\_\_\_\_

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details). **My employer may also be liable for repaying any unauthorized benefits I received.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

IV. I am **retired** from the Florida Retirement System. My Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the Investment Plan was \_\_\_\_\_

**NOTE: If you are a retired Investment Plan member and reemployed by an FRS employer on or after July 1, 2017, you are eligible to participate in the FRS Investment Plan to earn an additional retirement benefit. If you have retired from the Pension Plan or both the Pension Plan and Investment Plan you are not eligible for renewed membership.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Important Note for retirement dates effective on or after 7/01/2010

I understand that as a Pension Plan retiree:

- If I am employed by an FRS-covered employer in **any type of position** (including temporary, seasonal, substitute teacher, etc.) during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**, and I must reapply for retirement in order to receive future benefits.
- If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended (there are no reemployment exceptions) and any unauthorized benefits received must be repaid. **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan retiree:

- If I am employed by an FRS-covered employer in **any type of position** (including temporary, seasonal, substitute teacher, etc.) during the **first 6 calendar months** after I retired, I **must repay** any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after my retirement, I will not be eligible for additional Investment Plan distributions until I terminate employment or complete 12 calendar months of retirement (there are no reemployment exceptions).

### OFFICIAL USE ONLY

To be completed by HR and Retirement Benefits

HR CONTACT: \_\_\_\_\_

RET. CODE \* \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Substitute Pool Eligible date: \_\_\_\_\_

\* If filling an FRS regularly established position

### \*\*Retiree Definition\*\*

You are considered retired if:

- You have received any benefit (pension check) under the FRS Pension Plan including DROP.
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP) state community colleges (CCORP), state government (SMSOAP), or local governments (senior management).

# Loyalty Oath

I, \_\_\_\_\_, a  
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 States and of the State of Florida.

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

**STATE OF FLORIDA  
COUNTY OF BREVARD**

Sworn and subscribed before me 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

## Brevard Public Schools' Social Media Guidelines

**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 made 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.*

## Brevard Public Schools' Social Media Guidelines

**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 contribute to 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

*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.*



**Statement of Understanding  
for Instructional Staff  
Probationary Period**

**Employee Name:** \_\_\_\_\_  
Last Name First Name MI SSN

**Position** \_\_\_\_\_

**School/Department Name** \_\_\_\_\_

**School/Department Number** \_\_\_\_\_

**Statement for Instructional Personnel**

Florida Statute 1012.335 (3)(a)(4) states that "for any person newly employed as a member of the instructional staff after June 30, 2011, the initial annual contract shall include a one year (1) probationary period during which time the employee's contract may be terminated without cause or the employee may resign without breach of contract."

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

\_\_\_\_\_  
Probationary Employee's Signature (*Blue Ink Only*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature (*Blue Ink Only*)

\_\_\_\_\_  
Date

Copy for school file/copy to employee/send signed original to **Human Resources Services**

# SCHOOL BOARD OF BREVARD COUNTY

2700 Judge Fran Jamieson Way · Viera, FL 32940



TO: Human Resources Services

RE: **INSTRUCTIONAL  
EMPLOYMENT STATUS**

Prior to accepting employment with the School Board of Brevard County, I resigned my position

with \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

effective date \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:**

\_\_\_\_\_ I am **not** under contract with another school system/agency and I am **not** on an extended leave from another employer.

\_\_\_\_\_ I am on an approved \_\_\_\_\_ leave from the  
(type of leave)  
following school system/agency \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (street address, city and state)

Expiration date of my leave: \_\_\_\_\_

Please be advised that Brevard Public Schools will not hire employees who are under contract with another school system/agency or on a leave of absence from another school employer.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

03/01/17

## PRESERVICE AGREEMENT TO COMPLETE ESOL TRAINING - BREVARD COUNTY GUIDELINES

Name \_\_\_\_\_ School \_\_\_\_\_

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

As a condition of my employment by Brevard County Schools, when the first ELL student is assigned to my class, I will take the ESOL training within the timeline indicated in the chart below for my area of assignment.

### Timelines for Completion of the ESOL Training Requirements

AREA OF ASSIGNMENT I	AREA OF ASSIGNMENT II	AREA OF ASSIGNMENT III	AREA OF ASSIGNMENT IV
Language Arts / English / Reading Teacher	Computer Literacy, Mathematics, Science, Social Studies	All other subjects not included in Area I or II	School Guidance Counselor
REQUIREMENTS and TIMELINES			
15 semester hours or 300 in-service credits or ESOL Coverage & 120 credits	3 college semester hours or 60 in-service credits	3 college semester hours or 18 in-service credits	3 college semester hours or 60 in-service credits
5 years total allowed for completion, 3 semester hours or 60 in-service credits in the year that the teacher first becomes responsible for the Language Arts instruction of an ELL student, 3 semester hours or 60 in-service credits each subsequent year until the teacher applies to be certified in ESOL	within 1 year after the teacher is assigned the first ELL student	within 1 year after the teacher is assigned the first ELL student	Within 3 years of date of hire
<b>Courses for Area I ESOL Endorsement:</b> (300 in-service credits or 15 college semester hour credits) <ul style="list-style-type: none"> <li>• ESOL Methods of Teaching (60 credits or 3 semester hours)</li> <li>• ESOL Curriculum, &amp; Materials (60 credits or 3 semester hours)</li> <li>• ESOL Testing and Evaluation (60 credits or 3 semester hours)</li> <li>• ESOL Applied Linguistics (60 credits or 3 semester hours)</li> <li>• ESOL Cross Cultural Awareness (60 credits or 3 semester hours)</li> </ul>	<b>Courses Required for Area II:</b> (60 in-service credits or 3 semester hours) <ul style="list-style-type: none"> <li>• By one (1) of the courses listed for Area 1 teachers</li> </ul>	<b>Course Requirement for Area III:</b> (18 hours in-service credits) <ul style="list-style-type: none"> <li>• 18 ESOL course (the course introduction is offered on district in-service days or through online 18 hr. course)</li> </ul>	<b>Course Requirement for Area IV:</b> <ul style="list-style-type: none"> <li>• Special in-service 'ESOL Admin' course of 60 in-service credits for school admin/guidance or</li> <li>• equivalent college course</li> </ul> <p><b>NOTE:</b> Any 60 in-service credits listed in Area 1 ESOL Endorsement that was completed previous to hire will be credited for this requirement.</p>

I understand I must provide transcripts, grade reports, or in-service credit records to the Department of Certification/Professional Development to verify completion of approved ESOL training. I am aware that failure to comply with the training requirement by completion timeline for my area of assignment will be grounds for nonrenewal of my annual contract with the School Board of Brevard County and/or appropriate discipline by my administrator.

Signature of Teacher \_\_\_\_\_  
PER 9400 068 0312

Date \_\_\_\_\_