

**PATHWAY 2**     **Substitute Applicants who are NOT TRAINED teachers**

The following forms are created in Adobe Acrobat. Please be sure you have the most recent version of Adobe installed. Please open the form, fill, and print.

- A Application for a District-Issued Substitute Certificate  
with a local check or money order for \$25.00 payable to Brevard Public Schools
- B Bring an **ORIGINAL**, signed Social Security Card - **NO EXCEPTIONS**
- C Bring a valid Florida Driver's License or a valid Out of State driver's license WITH a current Military ID.
- D Ethnicity Form
- E I-9 (external link to USCIS)
- F W-4 (external link to IRS)
- G Direct Deposit Form - please bring a VOIDED blank check from a local bank
- H School Profile & Home School Form - tell us what schools you will substitute for. Map of School Locations
- I SmartFindExpress User Agreement Form
- J Internet Acceptable Use Agreement Form
- K Retirement Form
- L Loyalty Oath - Notaries are available to notarize this form at no cost.
- M Letter of Reasonable Assurance for BPS Substitutes

**Please bring all completed forms to Human Resources.**

**You will be sent to be fingerprinted immediately after delivering your forms.**

# SCHOOL BOARD OF BREVARD COUNTY

HUMAN RESOURCES SERVICES  
2700 JUDGE FRAN JAMIESON WAY  
VIERA, FLORIDA 32940

## APPLICATION FOR A DISTRICT ISSUED SUBSTITUTE CERTIFICATE

A \$25 processing fee for SUBSTITUTE TEACHER CERTIFICATE in the form of a local check (no counter checks) or money order made payable to THE SCHOOL BOARD OF BREVARD COUNTY must accompany this application. **THE FEE IS NON-REFUNDABLE.**

Applicant Name			
	Last	First	Middle/Maiden

### I. PERSONAL INFORMATION

Social Security Number _____	Birth Date: _____	Phone #: _____	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____			
Street or Route	City	State	Zip Code
<b>Completion of this section is optional:</b>			
_____ Male	_____ Female	_____ White Non-Hispanic	_____ Black Non-Hispanic _____ Hispanic
		_____ Asian/Pacific Islander	_____ American Indian/Alaskan Native

### II. ACADEMIC RECORD:

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School: _____	Date of Graduation: _____				
Name of College(s)/Branch Campus	State	Degree	Date	Major	Sem.Hrs.	Attendance Dates

### III. TEACHING EXPERIENCE:

Dates of Employment	Name of School/Employer	State	Subject and Grade Level	Full-Time(F) Part-Time(P)	No. of Months Taught per Year	Public or Private School

**IV. CERTIFICATION STATUS - Please list below any state or district certificates you have held:**

Type	Validity Period	State or District	Subjects Covered

**V. ARREST/REVOCAION RECORD:**

<input type="checkbox"/> <input type="checkbox"/> <b>YES NO</b>					Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is <b>NOT</b> a minor traffic violation); or are there any criminal charges now pending against you? <b>SEALED</b> or <b>EXPUNGED</b> records must be reported pursuant to s.943.058,F.S. Failure to answer this question accurately could cause denial of certification. <b>A YES or NO answer is required by Florida Law.</b> If you check the <b>YES</b> box, you must give the information requested for each charge. Please attach a separate sheet if you need more space.				
City Where Arrested		State	Date of Arrest	Charge(s)		Disposition(s)			
<input type="checkbox"/> <input type="checkbox"/> <b>YES NO</b>		Have you ever had a teaching certificate revoked, suspended, or denied by a state other than Florida; or is there any action pending against your certificate or application in another state? (A determination of academic ineligibility is not considered denial of a certificate.) If YES, you must give the state where your certificate was revoked, suspended, or denied, or where action is pending against your certificate or application.							
		STATE _____							

I hereby certify that I subscribe to and will uphold the principles incorporated in the Constitution of the United States of America and the State of Florida. I understand the Florida Statutes provide for revocation of an Educator's Certificate if evidence and proof are established and that the certificate has been obtained by fraudulent means. I further certify that all information pertaining to this application is true, correct, and complete.

\_\_\_\_\_ Signature of Applicant

<b>OFFICIAL USE ONLY</b>
If you need an accomodation to participate in the application/selection process, please notify Human Resources in advance.

## Employee Ethnicity Data

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

School/Dept:       SUBSTITUTE - 7000      

**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.

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



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address			Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">           Additional Information         </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	ZIP Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

## 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>LIST B</b> <b>Documents that Establish Identity</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<b>OR</b>		<b>AND</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

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

# Form W-4 (2018)

**Future developments.** For the latest information about any future 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.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2018</span>
<b>▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>				
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
5	Total number of allowances you're claiming (from the applicable worksheet on the following pages)			5
6	Additional amount, if any, you want withheld from each paycheck			6 \$
7	I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)



your wages and other income, including income earned by a spouse, during the year.

**Line G. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

### **Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### **Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### **Instructions for Employer**

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/programs/css/employers](http://www.acf.hhs.gov/programs/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

**Personal Allowances Worksheet (Keep for your records.)**

- A** Enter "1" for yourself . . . . . **A** \_\_\_\_\_
- B** Enter "1" if you will file as married filing jointly . . . . . **B** \_\_\_\_\_
- C** Enter "1" if you will file as head of household . . . . . **C** \_\_\_\_\_
- D** Enter "1" if: }
  - You're single, or married filing separately, and have only one job; or
  - You're married filing jointly, have only one job, and your spouse doesn't work; or
  - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.**D** \_\_\_\_\_
- E Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
  - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
  - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
  - If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
  - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . . **E** \_\_\_\_\_
- F Credit for other dependents.**
  - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
  - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
  - If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" . . . . . **F** \_\_\_\_\_
- G Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . **G** \_\_\_\_\_
- H** Add lines A through G and enter the total here . . . . . **H** \_\_\_\_\_

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

- Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.
- 1** Enter an estimate of your 2018 itemized deductions. These 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. See Pub. 505 for details . . . . . **1** \$ \_\_\_\_\_
  - 2** Enter: }
    - \$24,000 if you're married filing jointly or qualifying widow(er)
    - \$18,000 if you're head of household
    - \$12,000 if you're single or married filing separately**2** \$ \_\_\_\_\_
  - 3 Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
  - 4** Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . . **4** \$ \_\_\_\_\_
  - 5 Add** lines 3 and 4 and enter the total . . . . . **5** \$ \_\_\_\_\_
  - 6** Enter an estimate of your 2018 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
  - 7 Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . **7** \$ \_\_\_\_\_
  - 8 Divide** the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . . **8** \_\_\_\_\_
  - 9** Enter the number from the **Personal Allowances Worksheet**, line H above . . . . . **9** \_\_\_\_\_
  - 10 Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . **10** \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" . . . . . **2** \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
- 9 **Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

**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 who claims no withholding allowances; 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 aren't required to provide the information requested on a form that's 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.



School Board

2700 Judge Fran Jamieson Way
Viera, FL 32940
Ph: 321-633-1000
Fax: 321-633-3534

DIRECT DEPOSIT AUTHORIZATION

Employee Name: Employee ID #:
Employee Address: School/Dept. #:
Employee Phone #: Date of Request:

Table with 3 sections: MAIN ACCOUNT, ADDITIONAL ACCOUNT, ADDITIONAL ACCOUNT. Each section contains fields for Bank Name, Routing #, Account #, Deposit Amt: \$, and checkboxes for Checking and Savings.

- \* 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 C-26 Payroll Run and through the C-04 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.\*\*\*

**SCHOOL BOARD OF BREVARD COUNTY  
HUMAN RESOURCES SERVICES  
2700 JUDGE FRAN JAMIESON WAY  
VIERA, FL 32940**

**SUBSTITUTE PREFERENCES  
Choose the schools where you will substitute**

Name: \_\_\_\_\_ SSN or Employee ID: \_\_\_\_\_

Address: (STREET) \_\_\_\_\_  
(CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_

Telephone Number: (including area code) \_\_\_\_\_

The hourly rate for Substitutes for Support Positions (*Classroom Assistants*) is currently \$8.25 per hour.

Are you willing to accept substitute assignments for a support absence?     YES     NO

**SCHOOL LOCATIONS - BY CITY - Please mark the box to the left of the school(s) that you will substitute for:**

- |  |  |   |   |
|--|--|---|---|
| <p>Melbourne<br/>Melbourne Beach<br/>Grant<br/>Indialantic<br/>Indian Harbour Beach<br/>Palm Bay</p>   | <p>Cape Canaveral<br/>Cocoa Beach<br/>Satellite Beach<br/>Suntree</p>  | <p>Cocoa<br/>Merritt Island<br/>Rockledge<br/>Viera</p>   | <p>Port St. John<br/>Mims<br/>Scottsmoor<br/>Titusville</p>   |
| <input type="checkbox"/> Bayside High<br><input type="checkbox"/> Central Middle<br><input type="checkbox"/> Columbia Elementary<br><input type="checkbox"/> Discovery Elementary<br><input type="checkbox"/> Gemini Elementary<br><input type="checkbox"/> Heritage High<br><input type="checkbox"/> Indialantic Elementary<br><input type="checkbox"/> Jupiter Elementary<br><input type="checkbox"/> Lockmar Elementary<br><input type="checkbox"/> McAuliffe Elementary<br><input type="checkbox"/> Meadowlane Interm Elem<br><input type="checkbox"/> Meadowlane Prim Elem<br><input type="checkbox"/> Melbourne High<br><input type="checkbox"/> Palm Bay Elementary<br><input type="checkbox"/> Palm Bay High<br><input type="checkbox"/> Port Malabar Elementary<br><input type="checkbox"/> Riviera Elementary<br><input type="checkbox"/> South Area Headstart<br><input type="checkbox"/> Southwest Middle<br><input type="checkbox"/> Stone Middle<br><input type="checkbox"/> Sunrise Elementary<br><input type="checkbox"/> Turner Elementary<br><input type="checkbox"/> University Park Elem<br><input type="checkbox"/> West Melbourne Elem<br><input type="checkbox"/> Westside Elementary | <input type="checkbox"/> Allen, Roy Elementary<br><input type="checkbox"/> Cape View Elementary<br><input type="checkbox"/> Cocoa Bch Jr/Sr High<br><input type="checkbox"/> Creel, Dr. W..Elem<br><input type="checkbox"/> Croton Elementary<br><input type="checkbox"/> DeLaura Middle<br><input type="checkbox"/> Eau Gallie High<br><input type="checkbox"/> Freedom 7 Elementary<br><input type="checkbox"/> Harbor City Elementary<br><input type="checkbox"/> Holland Elementary<br><input type="checkbox"/> Hoover Middle<br><input type="checkbox"/> Johnson Middle<br><input type="checkbox"/> Longleaf Elementary<br><input type="checkbox"/> Ocean Breeze Elem<br><input type="checkbox"/> Quest Elementary<br><input type="checkbox"/> Roosevelt Elementary<br><input type="checkbox"/> Sabal Elementary<br><input type="checkbox"/> Satellite High<br><input type="checkbox"/> Sea Park Elementary<br><input type="checkbox"/> Sherwood Elementary<br><input type="checkbox"/> South Area Abeyance Ctr<br><input type="checkbox"/> Suntree Elementary<br><input type="checkbox"/> Surfside Elementary<br><input type="checkbox"/> Viera High<br><input type="checkbox"/> West Shore Jr/Sr High | <input type="checkbox"/> Andersen Elementary<br><input type="checkbox"/> Audubon Elementary<br><input type="checkbox"/> Cambridge Elementary<br><input type="checkbox"/> Carroll, Lewis Elem<br><input type="checkbox"/> Central Area Abeyance<br><input type="checkbox"/> Cocoa High School 7-12<br><input type="checkbox"/> Edgewood Jr/Sr. High<br><input type="checkbox"/> Endeavour Elementary<br><input type="checkbox"/> FairglenElementary<br><input type="checkbox"/> Golfview Elementary<br><input type="checkbox"/> Jefferson Middle<br><input type="checkbox"/> Kennedy Middle<br><input type="checkbox"/> ManateeElementary<br><input type="checkbox"/> McNair Magnet<br><input type="checkbox"/> Merritt Island High<br><input type="checkbox"/> Mila Elementary<br><input type="checkbox"/> Rockledge High<br><input type="checkbox"/> Saturn Elementary<br><input type="checkbox"/> Stevenson Elementary<br><input type="checkbox"/> Tropical Elementary<br><input type="checkbox"/> Williams, Ralph M.Elem | <input type="checkbox"/> Apollo Elementary<br><input type="checkbox"/> Astronaut High<br><input type="checkbox"/> Atlantis Elementary<br><input type="checkbox"/> Challenger 7 Elem<br><input type="checkbox"/> Coquina Elementary<br><input type="checkbox"/> Enterprise Elementary<br><input type="checkbox"/> Imperial Estates Elem<br><input type="checkbox"/> Jackson Middle<br><input type="checkbox"/> Madison Middle<br><input type="checkbox"/> Mims Elementary<br><input type="checkbox"/> Oak Park Elementary<br><input type="checkbox"/> Pinewood Elementary<br><input type="checkbox"/> Space Coast Jr/Sr High<br><input type="checkbox"/> Titusville High |

**Home School** (for check stub): \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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



**SMART FIND EXPRESS! USE AGREEMENT FOR SUBSTITUTES**

Brevard Public Schools uses an automated substitute placement program called Smart Find Express for absence and assignment management.

As a condition of being employed as a substitute for Brevard Public Schools, I agree to use the Smart Find Express system. I also agree to utilize the tools in the Smart Find Express system appropriately by doing the following:

- by using my Smart Find Express Schedule to setup non-work days for the days I am unavailable to substitute. I understand that by not using my Smart Find Express schedule for the days that I am unavailable, Smart Find Express may call my number regarding an assignment.
- by answering all phone calls from the Smart Find Express system to reject or accept assignments. I understand that by not answering my phone or allowing my answering machine to pick up calls from Smart Find Express, my number will be called continuously and the absence may not be filled.
- by setting up appropriate calling times for my Smart Find Express account or inactivating my Smart Find Express calling feature. I understand that the Smart Find Express system will still show my selected schools that I am available to substitute even though my Smart Find Express calling has been turned off and I may still see all available.

My signature indicates that I have reviewed and understand these conditions.

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

\_\_\_\_\_  
Substitute Signature

\_\_\_\_\_  
Date

**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. The signed agreement is to be archived at the user's local site.

**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: **SUBSTITUTE DEPARTMENT - 7000**

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.

# 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.

### OFFICIAL USE ONLY

to be completed by HR and Ret. Benefits

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

RETIREMENT CODE: \_\_\_\_\_

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

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

Substitute Pool

Eligible date: \_\_\_\_\_

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

Legal Name \_\_\_\_\_ Position **SUBSTITUTE**

SS# \_\_\_\_\_ School/Department **7000** Hire Date \_\_\_\_\_

Phone: \_\_\_\_\_ **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**

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

II. I was a member of the following State of Florida administered retirement Plan (also complete Section III or IV).

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

Previous FRS Employers: \_\_\_\_\_

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 \_\_\_\_\_.

**If I am reemployed by an FRS employer on or after July 1, 2010, I am not eligible to participation in an FRS retirement plan to earn an additional retirement benefit.**

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 periods 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).

### 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

I acknowledge that this letter provides notice that I have ***reasonable assurance of continued employment*** as a substitute for Brevard Public Schools as long as I meet all minimum substitute requirements. I acknowledge that BPS substitute requirements may be subject to change at any time.

By virtue of this notice, I acknowledge that I may not be eligible for unemployment compensation benefits drawn on school district wages during any scheduled school breaks including, but not limited to, the summer, Thanksgiving Break, Winter Vacation, and Spring Break. *I acknowledge that this assurance is contingent upon continued school operations and will not apply in the event of any disruption that is beyond the control of the District (i.e., lack of school funding, natural disasters, court-orders, public insurrections, war, etc.).*

I acknowledge that nothing contained herein construes an employment contract. I acknowledge that my continued work with Brevard Public Schools is on an "at-will" basis whether employment is direct or indirect by an employment agency. I acknowledge that "at-will" employers may terminate substitutes at any time for any reason or for no reason, except for legally impermissible reasons. I acknowledge that "at-will" substitutes are free to resign at any time for any reason or for no reason.

---

**Printed Name**

---

**Signature**

---

**Date**