

PATHWAY 3

FOR BPS EMPLOYEES ONLY

Non-Renewed teachers for 2016-2017 / Short-Term Teachers and IA's who are finishing a Short Term Contract / Temporary Assignment for the current school year only

PATHWAY for Non-Renewed Teachers or Short Term Teachers with an assignment that has ended

(NOTE: All forms are fillable):

- A SmartFindExpress User Agreement Form**
- B School Profile & Home School Form** - tell us what schools you will substitute for *Map of School Locations*
- C W-4** (*external link to IRS*)
- D Direct Deposit Form** - *please attach a VOIDED blank check from a local bank*
- E Letter of Reasonable Assurance for New and Returning Substitutes**

SCHOOL BOARD OF BREVARD COUNTY

2700 Judge Fran Jamieson Way • Viera, FL 32940



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

**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:

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

Home School (for check stub): _____

Email Address: _____

Signature: _____ Date: _____

Form W-4 (2017)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

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 may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, 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. 	B	
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G	
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 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 below. 		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are 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.</p>	OMB No. 1545-0074 2017
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. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <input style="width: 40px;" type="text"/>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <input style="width: 40px;" type="text"/>
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <input style="width: 40px;" type="text"/>
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 lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not 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 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. 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 LOWEST paying job are--	Enter on line 2 above	If wages from LOWEST paying job are--	Enter on line 2 above	If wages from HIGHEST paying job are--	Enter on line 7 above	If wages from HIGHEST paying job are--	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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 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.



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:

MAIN ACCOUNT

Bank Name: Routing #:
Account #: Deposit Amt: \$ []Checking []Savings

ADDITIONAL ACCOUNT

Bank Name: Routing #:
Account #: Deposit Amt: \$ []Checking []Savings

ADDITIONAL ACCOUNT

Bank Name: Routing #:
Account #: Deposit Amt: \$ []Checking []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.

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