

Substitute Teacher Employment Papers

You will scan the completed documents to EmploymentCenter@browardschools.com with a **copy of your social security card and acceptable photo ID** (i.e. Driver's License). The documents will be reviewed.

Employment Document Instructions

1. Statement Concerning Your Employment in a Job NOT Covered by Social Security
 - Write in name, last name, and Social Security Number. Review, sign, and date.
2. Personal Data Form
 - Complete all sections, sign, and date the bottom of the form. Do not leave any blank fields.
3. Form I-9 Department of Homeland Security: Employment Eligibility Verification
 - Only complete Section 1- sign and date.
4. Employee Acknowledgement Form
 - Initial each line and sign the bottom.
5. W-4 Employee's Withholding Certificate
 - The instructions for completing are included.
6. Florida Retirement System (FRS) – Certification Form
 - Complete the top portion and then determine which section you need to complete.
 - **Section 1:** Complete the top portion of the form and write in SBBC for Current Agency Name.
 - **Section 2:** Check **NO** if you have NEVER been or **YES** if you have been a member of a State of Florida retirement plan.
 - **Section 3:** Check if you are retired from a State of Florida retirement plan. If retired from FRS: enter your retirement effective date.
 - **Section 4:** Sign and date form
7. School Board Policy 2405: Self-Reporting
 - Review, sign, and date. The copy of the policy is for you to keep.
8. Statement about the collection, use and/or of Social Security Numbers - Page 1 of 2
 - Initial online at the bottom left.
9. Statement about the collection, use and/or of Social Security Numbers - Page 2
 - Sign and date.
10. Personnel Information Exemptions
 - Complete top portion of first page. Check applicable box of the first and second page. If you check a box, you must provide a different address that can be provided to vendors; or, if none applies, check the box, Not claiming exemption status. Sign and date.
11. Direct Deposit Form
 - Complete the form in its entirety. It is recommended that you included a voided check when you scan documents.

Remember to scan your completed documents to EmploymentCenter@browardschools.com. Include your social security card and photo ID.

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name

Employee ID#

Employer Name

Employer ID#

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee

Date

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
PERSONAL DATA FORM

COMPLETE ALL INFORMATION REQUESTED BELOW:

GENERAL INFORMATION:			
EMPLOYEE NAME (Print your name <i>exactly</i> as it appears on your social security card)		PREVIOUS BROWARD SCHOOL EMPLOYEE: <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
HOME ADDRESS		APT#	
CITY		STATE	ZIP CODE
HOME PHONE # (Include Area Code)		OTHER PHONE# (Include Area Code)	
E-MAIL ADDRESS			
PERSONAL INFORMATION:			
GENDER <div style="margin-top: 5px;"><input type="checkbox"/> Male <input type="checkbox"/> Female</div>		BIRTHDATE (Month/Date/Year)	
SOCIAL SECURITY #		ETHNICITY (Select One Only) <div style="margin-top: 5px;"><input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino</div>	
RACE (Check all that apply) <div style="margin-top: 5px;"><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American</div>			
VETERAN STATUS (If Applicable Only) <div style="margin-top: 5px;"><div style="display: inline-block; width: 30%;"><input type="checkbox"/> Non-Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Recently Separated Veteran</div><div style="display: inline-block; width: 30%;"><input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Other Protected Veteran</div><div style="display: inline-block; width: 30%;"><input type="checkbox"/> Armed Forces Service Medal Veteran Discharge date: _____</div></div>			
MILITARY STATUS (Select One Only) <div style="margin-top: 5px;"><div style="display: inline-block; width: 20%;"><input type="checkbox"/> Not Applicable <input type="checkbox"/> Inactive <input type="checkbox"/> Active</div><div style="display: inline-block; width: 20%;"><input type="checkbox"/> Reserve <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Retired</div><div style="display: inline-block; width: 20%;"><input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Other Veteran</div><div style="display: inline-block; width: 20%;"><input type="checkbox"/> On Call</div></div>			
EMPLOYEE SIGNATURE:		DATE:	

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781
dhs.gov/e-verify



E-VERIFY IS A SERVICE OF DHS AND SSA

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English / Spanish Poster



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **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>
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.
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

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



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
EMPLOYEE ACKNOWLEDGEMENT FORM/ RECEIPT OF INFORMATION

My initials below indicate acknowledgement that I have read and understand the following information:

_____ **The Policy Manual** contains the full text of the policies and procedures adopted by The School Board of Broward County, Florida, including policies on drugs, narcotics and alcohol, the reporting of arrests, sexual harassment and additional rules and regulations affecting employment. The School Board may modify or rescind any policies, benefits or practices at any time. The Policy Manual may be accessed via the intranet <https://www.browardschools.com/policies>

_____ The School Board of Broward County, Florida will provide workers' compensation benefits in accordance with Florida Statutes (Chapter 440) to employees injured in an accident arising out of and in the course and scope of employment. All workers' compensation medical care must be directed and authorized by the District's self-administered workers' compensation unit. To report a work-related accident or illness please call the triage line at 800-374-4810. Additional information regarding the District's workers' compensation program can be found online <https://www.browardschools.com/Page/36609>

_____ **Nondiscrimination Policy 4001.1 and Antibullying Policy 5.9** The policies concerning nondiscrimination and antibullying can be found at <https://www.browardschools.com/Page/37754>. All district employees, faculty and staff are required and must report, in writing, any allegations of bullying or violations of the Policy involving students to the principal/designee or appropriate area/district administrator. Further, any district faculty or staff who suspects adult on adult bullying is strongly encouraged to report any concerns. The Anonymous Bullying Report Form can be found at <https://www.browardschools.com/cms/lib/FL01803656/Centricity/Domain/5952/Bullying-Anonymous-Report-Form.pdf> Call the Emergency/Silence Hurts Tip line at (754) 321-0911; send an email to school911@browardschools.com or text SBBC (space) plus the message to CRIME (274637).

_____ **The Code of Ethics of the Educational Profession in Florida and the Principals of Professional Conduct for the Education Profession in Florida.** I recognize the standards of ethics as a member of the education profession in Florida and accept the obligation and responsibility placed upon me. The detailed text of the code is available via the Department of Education website at <http://www.fldoe.org/teaching/professional-practices/code-of-ethics-principles-of-professio.stml>

_____ **Loyalty Oath as mandated by Florida Statute 876.05:** "I, as 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 Broward County, Florida, 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 the State of Florida." *Non-US citizens may consider "citizen" above to designate "residing in".

_____ **Mandatory Online Training: Security and Privacy Awareness**

This training contains information on how to protect the personal data of the District's students and employees. In the security section, you will gain important information on safe cyber user behavior, including how to create strong passwords to prevent hacking and how to avoid phishing attacks. The privacy section contains valuable information on the confidentiality of education records and employees' protected health information, basic privacy rights pursuant to federal law, and consequences to violating the law. It should take an estimated 15 minutes to complete and is available in Learning Across Broward (LAB).

_____ **School Board Policy 2304.1 – Weapons.** "No person shall be authorized to carry any weapon or firearm into any meeting of the public school district; any school athletic event not related to firearms; any school administration building; any school facility; and/or school sponsored event. Any person possessing, transmitting, and/or using a weapon on School Board property shall be subject to arrest. In addition, employees who violate this policy may be subject to disciplinary action up to and including termination of employment. The SBBC hereby waives the exception in section 790.115(2)(a)3., and therefore prohibits the possession of any firearms in vehicles for student or campus parking privileges". <http://www.broward.k12.fl.us/sbbcpolicies/docs/Policy%202304.1.pdf>

_____ **School Board Policy 4002.10 – Nepotism.** It is the policy of the School Board of Broward county, Florida that an applicant for any position within the school district of Broward county, and any employee of the school district seeking promotion or transfer, shall be considered solely on the basis of respective qualifications for such a position and compliance within the district's personnel guidelines and pursuant to the rules of this policy regardless of whether the applicant or employee is or is not related by blood or marriage to any member of the school board or to any employee of the school district. It is the intent of this policy to avoid any situation or occurrence that creates or gives the appearance of a conflict of interest either on the part of a school board member or an employee of the school district. The purpose of this policy is to provide guidelines to maintain an equitable work environment and to prevent and address conflict of interest situations of active or potential employees relating to employment, job assignment, promotion, supervision, and evaluation of employees. <http://www.broward.k12.fl.us/sbbcpolicies/docs/P4002.10.000.pdf>

My signature below indicates my understanding of and compliance with the policies and programs outlined above:

Print Employee Name

Signature

Date

Employee's Withholding Certificate

OMB No. 1545-0074

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.****2023****Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, 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) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

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.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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	4(a)	\$ _____
	(b) Deductions. 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	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$ _____

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 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, 2024.

Your privacy. 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).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 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.



FRS Employment Certification Form

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

1

Enter Your Info

PLEASE PRINT

NAME _____

SOCIAL SECURITY NUMBER _____

CURRENT AGENCY NAME _____

PREVIOUS AGENCY NAME _____

2

Confirm Prior Member-ship

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

☐

No, I have never been a member of a State of Florida-administered retirement plan.

If No, skip to section 4.

☐

Yes, I have been a member of a State of Florida-administered retirement plan.

If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.

☐ FRS Pension Plan (including DROP)

☐ FRS Investment Plan

☐ Senior Management Service Optional Annuity Program (SMSOAP)

☐ State Community College System Optional Retirement Program (SCCSORP)

☐ State University System Optional Retirement Program (SUSORP)

☐ Other _____

If you answered YES above but have never made a retirement plan election (including default) between the FRS Pension Plan and the FRS Investment Plan, you will have a choice period established for you with a designated deadline. See page 2 for additional information on making a choice.

3

Confirm Retiree Status

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

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

☐

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

☐

Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment.

If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.

DATE _____

4

Sign Here

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

SIGNATURE _____

DATE _____

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

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

Review the Following Important Information Carefully

Section 2 – Confirm prior membership

If you answered NO - Not Previously Enrolled in the FRS

A New Hire Kit will be mailed to your address on file with your employer within 30 to 60 days after your hire date.

- You are responsible for ensuring your retirement plan election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.
- If you do not submit an election choice, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.

If you answered YES - Previously Enrolled in the FRS

- If you were previously enrolled in the FRS, made an active election or defaulted into the FRS Pension Plan or FRS Investment Plan, and separated employment without retiring you will not receive a new choice window. You will continue to participate in the plan you were enrolled in at the time of separation and continue to accrue service credit under that plan.
- If you were previously enrolled in the FRS and did not make an election between the FRS Pension Plan and FRS Investment Plan during your previous enrollment in the FRS, you will receive a choice window with a designated choice deadline. This would include those who have never had an opportunity to make a retirement plan election, members with Pension Plan service prior to July 1, 2002, and who return to FRS employment today, and new hires on or after July 1, 2002 who had an election period established previously but separated employment before making an election or defaulting.
 - You are responsible for ensuring your election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.
 - If you do not submit an election, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.
 - If you elect or default to the Investment Plan, any accrued value you may have in the Pension Plan will be transferred to your Investment Plan account as your opening account balance and is subject to the vesting requirements of the Pension Plan. The initial transfer amount is an estimate, and your account will be reconciled within 60 days of the transfer using your actual FRS membership record pursuant to Florida law. You direct that all future employer and employee contributions be deposited in your Investment Plan account.

Section 3 – Confirm Retiree Status

If you are a Pension Plan retiree, you understand:

- If you are reemployed within six calendar months of retirement in any type of position with an FRS-participating employer, your retirement and DROP status (if applicable) are voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.
- If you are reemployed during months 7 through 12 after retirement in any type of position with an FRS-participating employer, your monthly retirement benefit must be suspended and any overpaid benefits you received must be repaid.

If you are an Investment Plan SUSORP, SCCSORP, or SMSOAP retiree, you understand:

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

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

SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

School Board Policy 2405: SELF-REPORTING RULE-ARRESTS/CHARGES AND FINAL DISPOSITIONS

All employees shall self-report in writing by completing the Self-Reporting Form and submitting it to the Security Clearance Department within forty-eight (48) hours after the employee's arrest, citation, or charge for any Disqualifying Offense listed in policy 2404, and all felonies or any other crimes that impact the employee's ability to perform any essential job functions. If the employee is unable to self-report in writing within forty-eight (48) hours to the Security Clearance Department due to incarceration or confinement, the employee shall notify his or her Principal/Department Head within forty-eight (48) hours after the arrest, citation, or charge. This notification may include, but is not limited to, text message, email, phone call, or voicemail. The employee must then notify the Security Clearance Department in writing within forty-eight (48) hours after release from incarceration or confinement. All employees shall also self-report in writing when given a condition of release that impacts his or her continued ability to perform any essential job functions.

In addition, all employees holding a Commercial Driver's License (CDL), as a condition of employment shall self-report, in writing, to the Security Clearance Department and Transportation Department within forty-eight (48) hours after any citations, arrests, or charges involving Driving Under the Influence (DUI) or Driving While Intoxicated (DWI).

Such notice will not be considered an admission of guilt.

Failure to comply with the self-reporting rule shall result in disciplinary action up to and including termination of employment.

Print Employee Name

Social Security & or Personnel #

Employee Signature

Date

Original - Personnel Records

Yellow - Employee

**EMPLOYEE
PROCEEDINGS****SELF-REPORTING****RULE-ARRESTS/CHARGES****AND CRIMINAL****I. ARRESTS/CHARGES**

All employees shall self-report in writing by completing the Self-Reporting Form and submitting it to the Security Clearance Department within forty-eight (48) hours after the employee's arrest, citation, or charge for any Disqualifying Offense listed in policy 2404, and all felonies or any other crimes that impact the employee's ability to perform any essential job functions. If the employee is unable to self-report in writing within forty-eight (48) hours to the Security Clearance Department due to incarceration or confinement, the employee shall notify his or her Principal/Department Head within forty-eight (48) hours after the arrest, citation, or charge. This notification may include, but is not limited to, text message, email, phone call, or voicemail. The employee must then notify the Security Clearance Department in writing within forty-eight (48) hours after release from incarceration or confinement. All employees shall also self-report in writing when given a condition of release that impacts his or her continued ability to perform any essential job functions.

In addition, all employees holding a Commercial Driver's License (CDL), as a condition of employment shall self-report, in writing, to the Security Clearance Department and Transportation Department within forty-eight (48) hours after any citations, arrests, or charges involving Driving Under the Influence (DUI) or Driving While Intoxicated (DWI).

Such notice will not be considered an admission of guilt.

II. CRIMINAL PROCEEDINGS

All employees shall self-report in writing all criminal proceedings, and any associated conditions of such proceedings, that impact an employee's ability to perform any essential job functions. This reporting requirement applies regardless of jurisdiction and includes adult and juvenile delinquency proceedings in Florida, another state, another country, or under federal law, including those punishable by a military tribunal.

A. Employees without CDL. For any proceeding involving an employee not required to hold a CDL, who was charged with committing a crime, other than a minor traffic violation, the employee shall self-report, in writing, to the Security Clearance Department within forty-eight (48) hours after any conviction, finding of guilt, withholding of adjudication, commitment to a pretrial diversion intervention program, entering a plea of guilty or nolo contendere, or imposition of a sanction.

B. Employees with CDL. For any proceeding involving an employee required to hold a CDL, who was charged with committing a crime, other than a minor traffic violation, the employee shall self-report, in writing, to the Security Clearance Department and Transportation Department within forty-eight (48) hours after any conviction, finding of guilt, withholding of adjudication, commitment to a pretrial diversion intervention program, entering a plea of guilty or nolo contendere, or imposition of a sanction.

Note: Driving Under the Influence (DUI), or Driving While Intoxicated (DWI), is not a minor traffic violation and must be reported.

III. DEFINITIONS

A. "Convicted" means that there has been a determination of guilt as a result of a trial or the entry of a plea of guilty or nolo contendere, regardless of whether adjudication is withheld, and includes an adjudication of delinquency of a juvenile. Conviction of a similar offense includes, but is not limited to, a conviction by a federal or military tribunal, including courts-martial conducted by the Armed Forces of the United States, and includes a conviction or entry of a plea of guilty or nolo contendere resulting in a sanction in any state of the United States or other jurisdiction.

B. A "sanction" includes, but is not limited to, a fine, probation, community control, parole, conditional release, control release, or incarceration in a state prison, federal prison, private correctional facility, or local detention facility.

IV. FAILURE TO COMPLY

Failure to comply with the self-reporting rule may result in disciplinary action, up to and including termination of employment.

V. PROCEDURES

The Chief Safety and Security Officer shall establish and maintain administrative procedures for implementing this policy.

- A.** The Security Clearance Department shall review all arrests and related information for compliance with this policy. Additionally, the Security Clearance Department shall independently review online court records pertaining to felony arrests within ten (10) days after the employee's arrest or release from detention following arrest, whichever is later. Thereafter, the Security Clearance Department shall independently review online court records no less than quarterly to determine whether any conditions have been imposed that would restrict the employee's continued fitness or ability to perform his/her job(s).
- B.** The Security Clearance Department shall document employee arrests for final disposition and conditions that impact his or her continued ability to perform any essential job functions in the approved Safety, Security & Emergency Preparedness (SSEP) software solution.
- C.** The Security Clearance Department shall follow due process requirements in implementing corrective action when the conviction/disposition is defined in School Board of Broward County Policy 2404.
- D.** The Security Clearance Department may refer the matter to the Professional Standards Committee for corrective action determination, however, that procedure shall not be subject to section 'V' of School Board of Broward County Policy 4.9.
- E.** The Security Clearance Department may refer the matter to the Special Investigative Unit (SIU) for investigation of the underlying misconduct. In such case, the investigation shall be subject to section 'V' of School Board of Broward County Policy 4.9.

Authority: §§ 1001.32(2), 1012.315, 1012.32, 1012.321, 1012.33, 1012.335, 1012.465 and 1012.56, Fla. Stat.; Rule 6A-10.081, Florida Administrative Code

Adopted: 5/1/01

Revised: 12/15/2020

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Statement pursuant to Fla. Stat. § 119.071(5) concerning the collection, use and/or disclosure of Social Security Numbers¹

Please read, sign and return this document to the person who provided it to you.

The School Board of Broward County, Florida (SBBC) is authorized to collect, use or disclose social security numbers (SSN) from individuals for the purposes listed below, which are noted as either mandated or authorized by law. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by Florida law.

EMPLOYMENT APPLICANTS:

For reporting to IRS, SSA, UC, and FAWI, including for W-2, W-4's, Form 1099, and I-9's [Required by federal statute and regulation 26 U.S.C. 605, 26 C.F.R. 31.6011(b)-2, and 26 C.F.R. 301.6109-1] Criminal history, Level 1 and Level 2 background checks, fingerprints by Department of Law Enforcement [Required by Fla. Admin. Code 11C-6.003, Fla. Stat. §§ 1012.315, 1012.32, 435.04.]

EMPLOYEES:

For reporting compensation and other statements required by third parties for payment of disability or sick pay benefits [Required by federal statute 26 U.S.C. 6051 and Fla. Stat. § 119.071(5)(a)(6)]; for the administration of health benefits for a District employee or his or her dependents [Required by Fla. Stat. § 119.071(5)(a)(6)]; for verification of an alien's eligibility for employment, including I-9 [Authorized by 8 U.S.C. 1324(c) and 8 C.F.R. 214.2] Income tax withholding (including for annuity and sick leave)/Payroll deductions on Form W-2 [Required by 26 U.S.C. 3402, 26 C.F.R. 31.6051-1, Fla. Stat. §§ 1012.315, 1012.32]

Wages and Remuneration paid to employees: Report as required by federal regulation 20 C.F.R. 404.1225, Fla. Admin. Code 60BB-2.032; income Reports submitted to U.S. Housing and Urban Development Dept. (HUD) [Required by federal regulation 24 C.F.R. 5.214 et seq.; Require for the collection and reporting of income tax on wages 26 U.S.C. 3402 and for sick pay 26 U.S.C. 6051]; for collection of payroll taxes for Social Security benefits required by the Federal Insurance Contributions Act (FICA) 26 U.S.C. 3102.

Employee retirement system and benefits: For benefits and contributions [Authorized by Fla. Stat. §§ 238.01 et seq., including 238.07, and Fla. Stat. § 119.071(5)(a)(6)] Retirement contributions required for enrollment in Florida Retirement System (FRS) Investment Plan, second election retirement plan enrollment, or for participation in and contributions to FRS [Required by Fla. Admin. Code 19-11.010, 19-13.003, 19-11.006 and 19-11.007, Fla. Stat. §§ 121.051 and 121.071]; for reports pertaining to deferred retirement programs [Required by 26 C.F.R. 301.6057-1 and Fla. Stat. § 119.071(5)(a)(6)]; Payments and plan relating to the health benefits/retiree prescription drug subsidies, authorized by 42 C.F.R. 423.884, 42 C.F.R. § 423.34, and 42 C.F.R. § 423.886] [Required by Fla. Admin. Code 60S-3.010]

Employment certification or licensure: Application, renewal, or add-on credits, or non-employee registration for professional development for in-service points or incentive pay [Required by Fla. Stat. §§ 1012.56, and authorized by Fla. Stat. §§ 1012.59]

Criminal history: Level 1 and Level 2 background checks / Identifiers for processing fingerprints by Department of Law Enforcement. [Required by Fla. Admin. Code 11C-6.003, Fla. Stat. §§ 1012.315, 1012.32, 435.04]

Sexual Predators Registration: Information regarding sexual predators and sexual offenders [Authorized by Fla. Stat. § 943.04351 and required by 42 U.S.C. 16914]

Florida Department of Education (DOE) Reports: Reports required to be submitted, including but not limited to, Out-of-County/Out-of-State Verification of Highly Qualified [Authorized by EDGAR at 34 CFR 74.53, 99.3 and Fla. Stat. §§ 1008.33, 1008.386]

Child Support Enforcement: State directory of new hires (including for determining support obligations and eligibility for several federal and state programs) [Required by federal law 42 U.S.C. 653(a) and Fla. Stat. § 409.2576]; Notice to Payor and Income Deduction notices for child support, or for alimony and child support [Required by Fla. Stat. § 61.1301(2)(e)]; Child support

¹ A separate written statement, found in the Code of Student Conduct, sets forth the reasons for collecting, using or releasing the social security numbers of students and parents.

enforcement [Required by 45 C.F.R. 307.11 and Fla. Stat. §§ 61.13, 742.10 and/or 409.256 or 742.031] Request from depository for support payments [Required by Fla. Stat. § 61.181(3)(b)]

Garnishment: Payment pursuant to a Notice of Levy [Required by 28 U.S.C. 3205, Fla. Admin. Code 12E-1.028(10)(d) and Fla. Stat. § 119.071(4)]

Unemployment benefits and short term compensation plan [Required by Fla. Stat. Ch. 443, including § 443.1116]
Unemployment reports from District [Required by Fla. Admin. Code 60BB-2.023]

Worker's Compensation: Payment and reports of worker's compensation injury or death, including for DWC-1 [Required by Fla. Stat. §440.185 and Fla. Admin. Code 69L-3.003 et seq.]

VENDORS/CONSULTANTS:

For purposes of preparation of Internal Revenue Code (IRS) forms when an employer identification number is not provided, including for IRS form W-9 and Form 1099. [Required by 26 C.F.R. § 31.3406-0, 26 C.F.R. § 301.6109-1, and for necessary record keeping purposes by the SBBC.] For background screening, fingerprint, or screening as required by Jessica Lunsford Act (Fla. Stat. § 435.04)

VOLUNTEERS:

For background screening or fingerprint screening as required by Florida Law (Jessica Lunsford Act (Fla. Stat. § 435.04)

OTHERS:

For processing of tort claim, tort notices of claims against, or payments related to said claims by the School Board [Required by Fla. Stat. § 768.28(6)]

DISCLOSURE OF SOCIAL SECURITY NUMBERS

The disclosure of the social security number is made in compliance with Fla. Stat. § 119.071(5)(a), in compliance with the federal and state laws listed above, for the performance of legal duties and responsibilities as specifically described above, as may be required by court order, as necessary for a receiving agency or governmental entity to perform its duties and responsibilities, or if the individual consents in writing to the disclosure. The disclosure of student or parent's social security numbers is made in accordance with Fla. Stat. § 1002.22(2) and FERPA (20 U.S.C. 1232g and 34 C.F.R. Part 99).

The disclosure of the social security number is in accordance and as authorized by Fla. Stat. § 119.071(5)(a)(6), including but not limited to: comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224 [Required by Fla. Stat. § 119.071(5)(a)(6)]; is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. Sec. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. Sec. 6801 et seq., provided that the authorized commercial entity complies with the requirements of paragraph 5 in Fla. Stat. § 119.071; is made for the administration of employee health benefits and employee dependents; is made for the administration of a pension fund administered for the District employee's retirement fund, deferred compensation plan, or defined contribution plan; is made for the administration of the Uniform Commercial Code by the office of the Secretary of State.

The disclosure of the social security number is made for the following reasons: Use of motor vehicle information from the Department of Motor Vehicles for the District to carry out its functions and to verify the accuracy of information submitted by agent or employee to District, including to prevent fraud, in connection with insurance investigations, and to verify a commercial driver's license [Authorized allowed by federal law 18 U.S.C. 2721 et seq. and F. S. § 119.071(5)(a)(6)]; pursuant to written authorization for direct deposit of funds by electronic or other medium to a payee's account [Required by Fla. Admin. Code 6A-1.0012 and Fla. Stat. § 119.071(5)(a)(6)]; for identification of blood donors [Authorized by 42 U.S.C. 405 (c)(2)(D)(i)]; in response to employee's and former employee's request for report of exposure to radiation [Authorized by 41 C.F.R. 50-204.33 and .3].

I hereby acknowledge receipt of this "Statement on the Collection, Use and/or Disclosure of Social Security Numbers."

Signature _____

Date _____

Print Name _____

*Personnel ID # _____

*SBBC Employees Only

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

PERSONNEL REQUEST FOR EXEMPTION OF PERSONAL INFORMATION FOR SELECTED OCCUPATIONS

Name (Print) _____ Personnel # or Last 4 digits of SS# _____

As authorized by Florida Statute 119.071(4), designated personal information is confidential and exempt from public disclosure for individuals in certain occupations, as well as their spouses and children. Review each statement below to determine if you qualify for an exemption status. **If you check a box that qualifies you for exemption status, you must provide an alternate address. If an alternate address is not provided, you will not be recorded as a confidential employee.**

1. ☐ I am an active or former sworn or civilian law enforcement personnel, including correctional and correctional probation officers, personnel of the Department of Children and Families whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement.
☐ I am the spouse or the child of the above.
2. ☐ I am a current or former nonsworn investigative personnel of the Dept. of Financial Services whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations.
☐ I am the spouse or the child of the above.
3. ☐ I am a current or former nonsworn investigative personnel of the Office of Financial Regulation's Bureau of Financial Investigations whose duties include the investigation of fraud, theft, other related criminal activities, or state regulatory requirement violations.
☐ I am the spouse or the child of the above.
4. ☐ I am a current or former firefighter certified in compliance with s. 633.408 F. S.
☐ I am the spouse or the child of the above.
5. ☐ I am current or former justice of the Supreme Court, district court of appeal judge, circuit court judge, or county court judge.
☐ I am the spouse or the child of the above.
6. ☐ I am current or former state attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor
☐ I am the spouse or the child of the above.
7. ☐ I am a general magistrate, special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, or child support enforcement hearing officer.
☐ I am the spouse or the child of the above.
8. ☐ I am current or former human resource, labor relations, or employee relations director, assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.
☐ I am the spouse or the child of the above.
9. ☐ I am current or former code enforcement officer.
☐ I am the spouse or the child of the above.
10. ☐ I am current or former guardian ad litem, as defined in s. 39.820 F. S.
☐ I am the spouse or the child of the above.
11. ☐ I am current or former juvenile probation officer, juvenile probation supervisor, detention superintendent, assistant detention superintendent, juvenile justice detention officer I or II, juvenile justice detention officer supervisors, juvenile justice residential officer, juvenile justice residential officer supervisor I or II, juvenile justice counselor, juvenile justice counselor supervisor, human services counselor administrator, senior human services counselor administrator, rehabilitation therapist, or social services counselor of the Department of Juvenile Justice.
☐ I am the spouse or the child of the above.

12. ☐ I am a current or former public defender, assistant public defender, criminal conflict and civil regional counsel, or assistant criminal conflict and civil regional counsel.
☐ am the spouse or the child of the above.
13. ☐ I am current or former investigator or inspector of the Department of Business and Professional Regulation.
☐ I am the spouse or the child of the above.
14. ☐ I am current county tax collector.
☐ I am the spouse or the child of the above.
15. ☐ I am current or former employee of the Department of Health (DOH) whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the DOH.
☐ I am the spouse or the child of the above.
16. ☐ I am current or former impaired practitioner consultant who is retained by an agency, or current or former employee of an impaired practitioner consultant, whose duties result in a determination of a person's skill and safety to practice a licensed profession.
☐ I am the spouse or the child of the above.
17. ☐ I am current or former emergency medical technicians or paramedics certified under chapter 401.
☐ I am the spouse or the child of the above.
18. ☐ I am current or former personnel employed in an agency's office of inspector general or internal audit department whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline.
☐ I am the spouse or the child of the above.
19. ☐ I am a current or former director, manager, supervisor, nurse, or clinical employee of an addiction treatment facility.
☐ I am the spouse or the child of the above.
20. ☐ I am a current or former director, manager, supervisor, or clinical employee of a child advocacy center that meets the standards of s.39.305(1) and fulfills the screening requirement of s.39.3035 (2), and the members of a child protection team as described in s.39.303 whose duties include supporting the investigation of child abuse or sexual abuse, child abandonment, child neglect, and child exploitation or to provide services as part of a multidisciplinary case review team.
☐ I am the spouse or the child of the above.

NOTE: The confidential information varies by occupation. If the information is not exempt by law, it is a public record, and the School District will comply with the Florida Public Records Act in responding to public records requests.

☐ **I am not claiming exemption status.**

☐ **I am claiming confidential status, my alternate address is:**

Confidential Address: _____ City _____ State _____ Zip Code _____

Under penalty prescribed by law, I hereby certify by my signature below, that all information checked above is true and correct as it applies to me.

Name (Print) _____

Personnel # and Last 4 digits of SS# _____

Signature _____

Date _____



The School Board of Broward County

Direct Deposit Authorization Form

Direct Deposit Authorization Agreement

I hereby authorize the Payroll department to deposit my net pay and/or fixed amount(s) each payday directly to my Account(s) as indicated. I understand that such deposit(s) will be made each succeeding payday, unless I choose to terminate this authorization in writing to my employer. I also understand that notification to terminate or make changes to the directives below requires that a new Direct Deposit Authorization Agreement be completed and submitted to the Payroll Department at least one week prior to the next scheduled pay date; and that the last fully completed form will stay in effect until another is received.

Further, I agree that The School Board of Broward County will not be held responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I also understand that my employer can not issue the funds to me until the funds are returned to my employer by my financial institution.

In the event that funds are erroneously deposited into my account, I further authorize my employer to debit my account for an amount not to exceed the original amount of the credit, with the understanding that all debits will be made before the assigned pay-date.

Employee Name: _____ Per # _____ Phone Number: _____

Employee Signature: _____ Date: _____

School/Department Location Name: _____ Location Number: _____

Direct Deposit # 1

If choosing one banking option, provide banking information and check the "Net Deposit" box. If choosing 2,3, or 4 banking options, provide banking information and enter the Fixed amount.

Name Of Financial Institution _____	Net Deposit <input type="checkbox"/>				
Transit routing number _____	Checking <input type="checkbox"/>		New <input type="checkbox"/>		
Account Number _____	Savings <input type="checkbox"/>		Change <input type="checkbox"/>		
			Stop <input type="checkbox"/>		

Direct Deposit # 2

Provide banking information, enter the fixed amount, and check the appropriate boxes.

Name Of Financial Institution _____	Fixed Amount _____	Balance <input type="checkbox"/>			
Transit routing number _____		Checking <input type="checkbox"/>		New <input type="checkbox"/>	
Account Number _____		Savings <input type="checkbox"/>		Change <input type="checkbox"/>	
				Stop <input type="checkbox"/>	

Direct Deposit # 3

Provide banking information, enter the fixed amount, and check the appropriate boxes.

Name Of Financial Institution _____	Fixed Amount _____	Checking <input type="checkbox"/>			
Transit routing number _____		Savings <input type="checkbox"/>		New <input type="checkbox"/>	
Account Number _____				Change <input type="checkbox"/>	
				Stop <input type="checkbox"/>	

Direct Deposit # 4

Provide banking information, enter the fixed amount, and check the appropriate boxes.

Name Of Financial Institution _____	Fixed Amount _____	Checking <input type="checkbox"/>			
Transit routing number _____		Savings <input type="checkbox"/>		New <input type="checkbox"/>	
Account Number _____				Change <input type="checkbox"/>	
				Stop <input type="checkbox"/>	



Transit Number Account Number

For Payroll Use Only		
Date Received	Date Processed	Processor