

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
DIVISION OF HUMAN RESOURCES
Non-Instructional Staffing**

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
AND _____**

(Employee's Name)

I understand that the position I am accepting is in a bargaining unit different from the one I am currently working.

As a result of this change, I will serve the probationary period and be covered by the "probationary" language in the appropriate Collective Bargaining Agreement. However, I will continue to receive all applicable fringe benefits (i.e., insurance, sick leave, etc.) that I received in my former position, and that are available to my new job classification as described in Board policy and/or applicable Collective Bargaining Agreements.

Employee

Date

Administrator

Date

Revised: 2/06