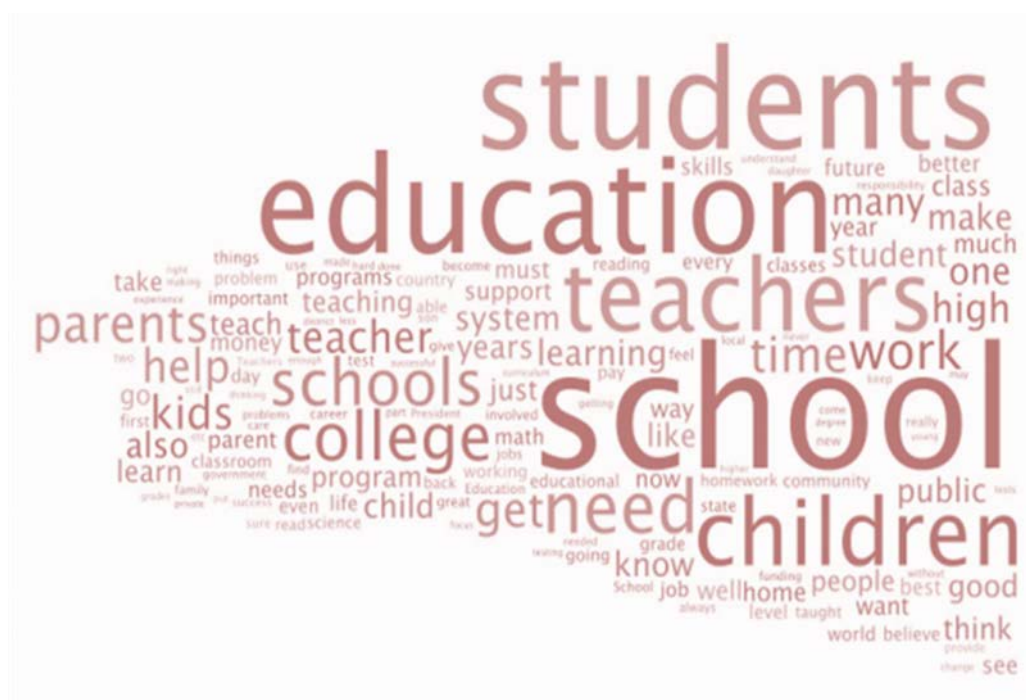




**RETAIN A COPY OF THE  
ENCLOSED DOCUMENTS  
FOR YOUR RECORDS**





## Welcome to Broward County Public Schools!

Congratulations on becoming an Instructional Employee. As an existing employee you will be required to complete additional hiring documents for your Clearance Appointment.

It is imperative that you bring these documents to your scheduled appointment because they are necessary for entry into the employment system and payroll.

### **Complete Additional Hiring Documents**

#### **1. Application to request Credit for Experience**

- Teaching Experience (Contracted Teacher)
- Work Experience (Full-time experience in field related to subject/grade currently teaching.)
- No experience, sign and date form.

#### **2. Self Reporting Form**

#### **3. Employee Acknowledgement Form**

#### **4. Location Agreement Pre-Clearance (keep this for your records ONLY)**

## Instructional Guide to Complete: Application to Request for Salary Experience Credit

(A maximum of 15 years of experience accepted to include years within BCPS.)

Utilize this guide to complete the *Instructional Applicant Request for Salary Experience Credit*. It is helpful to have your resume on hand to ensure all previous work and/or teaching experience(s) are documented. The form will be distributed and collected during your scheduled On-boarding Appointment.

### Section 1: Complete the section below and identify the grade(s) or subject(s) you are assigned to teach.

\_\_\_\_\_  
Print Name (Last, First)      XXX-XX-\_\_\_\_\_  
Last 4-digits of SS#      Hiring Location

Grade/Subject you are teaching: \_\_\_\_\_

### Section 2: In this section you will check the appropriate box(s) based on:

#### 1. Teaching Experience (Contracted Teacher K-12)

#### 2. Related Work Experience in the field in which you are teaching

#### 3. No Experience. Experience credit is not granted for the following positions: substitute teacher (interim or pool), teacher aide, teacher assistant and other similar non-instructional positions.

##### TEACHING EXPERIENCE CREDIT:

→ ☐ I am requesting **teaching experience credit**. Total number of years: \_\_\_\_\_

Your former School District must complete the *Verification of Teaching Experience Form*

☐ I was an instructional employee with Broward County Public Schools for \_\_\_\_\_ years (HR will verify)

##### RELATED WORK EXPERIENCE CREDIT:

→ ☐ I am requesting **non-teaching work experience credit**. Total number of years: \_\_\_\_\_

Your former employer must complete the *Verification of Non-Teaching Related Work Experience Credit Form* and attach a Job Description for your position(s). Forms submitted without a job description from your employer will not be considered. Only full-time positions (minimum of 35 hours per week) directly related to your current instructional position and earned after the completion of the appropriate education and/or training will be considered. *You must have earned a livable wage for this position.*

→ ☐ I have **no** experience credit to request.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### Section 3: List each former employer (school district and/or business) from which you are requesting credit or experience. List only the district-Do not list each school within the same district. All years of previous teaching experience with BCPS will not require employment verification forms.

#### DISTRICT/SCHOOL OR BUSINESS

Years MM/YYYY- MM/YYYY	No. of Years Requesting Credit	Name of District/School or Business	Address Street/City/State/Zip	Area Code & Phone No.
01/2011-6/2015	4 YEARS	ORANGE COUNTY PUBLIC SCHOOLS	445 WEST AMELIA STREET ORLANDO, FL 32801	407-555-0100
4/2007-11/2010	3 YEARS	ABC DAY CARE	XYZ STREET ORLANDO, FL	407-555-0300

## SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

### School Board Policy 2405: SELF-REPORTING RULE-ARRESTS/CHARGES AND FINAL DISPOSITIONS (Policy Attached)

All personnel shall self-report, in writing, to the Chief of Police, Broward District Schools Police Department within forty-eight (48) hours of any arrests, citations or charges involving the abuse of a child or the sale and/or possession of a controlled substance or charges involving Sexual Misconduct, Sexual Battery, Possession (includes e-mail transmissions) or Sales of Pornography involving Minors and Sexual Relations with students. Such notice shall not be considered an admission of guilt nor shall such notice be admissible for any purpose in any proceeding, civil or criminal, administrative or judicial.

All personnel holding a Commercial Driver's License (CDL), as a condition of employment shall self-report, in writing, to the Chief of Police, Broward District Schools Police Department within forty-eight (48) hours of any citations, arrests or charges involving Driving Under the Influence (DUI) or driving while intoxicated (DWI).

In addition, all personnel shall self-report, in writing, to the Chief of Police, Broward District Schools Police Department any conviction, finding of guilt, withholding of adjudication, commitment to a pretrial diversion intervention program, or entering a plea of guilty, or Nolo Contendere for any criminal offense other than a minor traffic violation (driving under the influence (DUI) and driving while intoxicated (DWI) convictions are not minor and must be reported) within forty-eight (48) hours after final judgment. The Superintendent shall establish and maintain administrative procedures for implementing this policy.

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

**SELF-REPORTING RULE-ARRESTS/CHARGES AND FINAL DISPOSITIONS**

Authority Florida Statute 231.28  
State Board of Education Rule 6B-1.006(5)  
Adopted 5/1/01

All personnel shall self-report in writing to the Director of Professional Standards and Special Investigative Unit within forty-eight (48) hours of any arrests, citations or charges involving the abuse of a child or the sale and/or possession of a controlled substance or charges involving Sexual Misconduct, Sexual Battery, Possession (includes e-mail transmissions) or Sale of Pornography Involving Minors and Sexual Relations with students. Such notice shall not be considered an admission of guilt nor shall such notice be admissible for any purpose in any proceeding, civil or criminal, administrative or judicial.

All personnel holding a Commercial Driver's (CDL) License, as a condition of employment shall self-report, in writing, to the Executive Director of Professional Standards and Special Investigative Unit within forty-eight (48) hours of any citations, arrests or charges involving Driving Under the Influence (DUI) or driving while intoxicated (DWI).

In addition, all personnel shall self-report, in writing to the Executive Director of Professional Standards & Special Investigative Unit any conviction, finding of guilt, withholding of adjudication, commitment to a pretrial diversion intervention program, or entering a plea of guilty or Nolo Contendere for any criminal offense other than a minor traffic violation (driving under the influence (DUI) and driving while intoxicated (DWI) convictions are not minor and must be reported) within forty-eight (48) hours after final judgement. The Superintendent shall establish and maintain administrative procedures for implementing this policy.

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

**RULES**

1. When self-reporting an arrest or charge involving child abuse or sale and/or possession of a controlled substance or sexual misconduct, the employee's written statement shall include name, social security number, date of arrest/charges, specific charges, the arresting agency and employment status.
2. When self-reporting an arrest or charge of DUI/DWI by an employee who holds a Commercial Driver's License (CDL) as a condition of employment, the employee's written statement shall include name, social security number, date of arrest/charges, the arresting agency and employment status.
3. When self-reporting the final judgment of a criminal offense, the employee's written information shall include name, social security number, date of arrest/charge, the arresting agency and a copy of the police report, the court disposition of the case and employment status.
4. Based on a review of all documentation and information related to a criminal offense, the Superintendent shall make his/her recommendation for disciplinary action up to and including termination of employment with the School Board of Broward County.

Authority: Florida Statute 231.28  
State Board of Education Rule 6B-1.006(5)

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

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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/Page/37754>)

\_\_\_\_\_ 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/Page/35294>). Call the Emergency/Silence Hurts Tip line at (754) 321-0911; send an email to [school911@browardschools.com](mailto:school911@browardschools.com) or text SBBC (space) plus the message to CRIMES (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> I understand it is my responsibility to review this document.

\_\_\_\_\_ **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 to protect the confidentiality of education records, including parents' basic privacy rights pursuant to federal law, the elements of a valid consent to disclose records, and consequences to violating the law. This training, which should take an estimated 15 minutes to complete, is available in Canvas (the District's Learning Management System) at this link: <https://browardschools.instructure.com/enroll/9XLPP7>

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Original – Personnel File



## LOCATION HIRING AGREEMENT PRE-CLEARANCE

The School Board of Broward County  
Fort Lauderdale, Florida

**Offer Contingency:** This offer is contingent upon your possession of proper certification and that you have made full and accurate disclosure of your academic and work history. The offer is further conditioned upon receipt of acceptable references attesting to those personal and professional attributes desired by the District. In the event that you are not eligible for Florida certification or your references are not acceptable, the School Board shall be relieved of all obligations under this agreement. If the offer is rescinded, the location will contact you immediately.

Employment requires candidates to produce a valid signed Social Security Card. Ensure that you have uploaded the required credentials to your online application. The credentials can be viewed at [http://www.broward.k12.fl.us/teacher/employment/ins/apply/app\\_procedures.html](http://www.broward.k12.fl.us/teacher/employment/ins/apply/app_procedures.html)

**Contract Status:** You will be hired on a Probationary Contract. According to Florida Statute 1012.335: "*Probationary contract*" means an employment contract for a period of one (1) school year awarded to Instructional Personnel upon initial employment in a school district. Probationary contract employees may be dismissed without cause or may resign without breach of contract.

**Salary Credit:** Per the Collective Bargaining Agreement between the District and Broward Teacher's Union, effective 7/1/2017 newly hired employees shall receive up to 15 years of credit for verified experience. The salary schedule can be viewed at [http://www.broward.k12.fl.us/teacher/employment/ins/salary/new\\_hire\\_salary\\_schedule.html](http://www.broward.k12.fl.us/teacher/employment/ins/salary/new_hire_salary_schedule.html)

**Certification:** Your signature indicates that you understand you will meet the necessary ESOL training requirements as outlined in the Multicultural Education Training Advocacy (META) Consent Decree, per School Board Policy 4003.3 which can be viewed at <http://www.broward.k12.fl.us/sbbcpolicies/docs/P4003.003.pdf>

Per Florida Statute, you must satisfy the General Knowledge exam requirement within twelve (12) months of employment for positions that require a Florida educator's certificate.

Public Record 107-110, the No Child Left Behind Act of 2001 (NCLB), creates requirements designed to ensure that all public elementary, middle, and secondary teachers of record who are assigned to teach core academic subjects meet the federal definition of a "highly qualified" teacher. If you are not highly qualified at the time of your hire, you must become highly qualified. Information can be found at <http://www.browardschools.com/certification>

If you are a current/former teacher, the hiring principal must contact your last/current principal prior to you being paid as a contracted teacher. To be paid as a contracted instructional employee, you must receive final clearance from the Talent Acquisition & Operations (Instructional) Department. If you begin prior to this clearance, your payment as a teacher will be delayed.

I confirm that I have fully committed to accepting this job offer, and I will not accept any other offers for the school year this Agreement is for. I acknowledge that this offer is made expressly subject to those conditions set forth above, and accept this offer with full knowledge of that fact. I understand I must electronically sign this agreement and submit to the location within 48 hours of the offer or offer will be rescinded.

*(Digital signature on file with original document submitted upon hire with the hiring location.)*

# Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_

Agency Name \_\_\_\_\_

Previous or Current FRS Employer \_\_\_\_\_

**Complete Section I if you have never been a member of a State of Florida administered retirement plan.  
Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.**

I. I have never been a member of a State of Florida administered retirement plan.

**STOP HERE**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)<sup>1</sup>

- ☐ FRS Pension Plan (incl. DROP)    ☐ FRS Investment Plan    ☐ State University System Optional Retirement Program (SUSORP)  
☐ State Community College System Optional Retirement Program (SCCSORP)    ☐ Senior Management Service Optional Annuity Program (SMSOAP)  
☐ Other \_\_\_\_\_

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), or, if in the Investment Plan, terminate my employment. My employer may also be liable for repaying any unauthorized benefits I received.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan was \_\_\_\_\_.

**Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.**

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> 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**,<sup>3</sup> and I must reapply for retirement in order to receive future benefits.
- b. 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<sup>4</sup> and any unauthorized benefits received must be repaid.<sup>3</sup> My employer may also be liable for repaying any unauthorized benefits I received.

I understand that as an Investment Plan, SUSORP, SCCSORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired, I **must repay**<sup>3</sup> any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. 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 distributions until I terminate employment or complete 12 calendar months of retirement.<sup>4</sup>

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a roll-over) 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.

<sup>1</sup> If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2<sup>nd</sup> Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

<sup>2</sup> Positions include OPS, temporary, seasonal, substitute teachers, adjunct professors, part-time, full-time, regularly established, etc.

<sup>3</sup> Florida law requires a return of all unauthorized 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 unauthorized SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.

<sup>4</sup> There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCSORP, or SMSOAP members who retire on or after July 1, 2010.





## BENEFITS SELECTION PREPARATION

Prior to your scheduled appointment review the Benefits Plan Options available on the district's Benefits Department website:  
<https://www.browardschools.com/Page/32051>

*The School Board of Broward County, Florida offers a rich selection of benefits (Medical, Dental, Vision, Life and Disability Insurance) for it's employees. If applicable, identify dependent coverage and bring appropriate documentation to your appointment.*

### Dependent Verification Requirements

In order to add dependent to **any of the insurance plans** the benefit's department must verify them.

Eligible dependents are defined as:



- Spouse (**Original Marriage Certificate or 3 most recent tax returns**)
- Domestic Partner (please ask for DP packet)
- Child(ren) – enrollment until the end of the month the child(ren) turns age 26 (**Original Birth Certificate**)

(Biological Child, Stepchild, Foster Child, Domestic Partner's Child, Child for whom the Employee is a Legal Guardian, Adopted Child, Child placed with the Employee for adoption, Totally disabled Adult Child (documentation from Social Security required), Unmarried Dependent's Child (A child/dependent of an unmarried dependent may be enrolled up to eighteen (18) months from the date of birth or until the end of the month the unmarried dependent turns age 26; whichever comes first)

**Dependent Verification documentation:** Some of the required documents include, but are not limited to Original Marriage Certificate, Original Birth Certificate, Adoption, or Legal Guardianship Records. Staff will review the document (s), verify eligibility, record the information, and provide you with a receipt for your records. All original document (s) will be returned to you once verification is completed.

**Medical Opt-out documentation:** If you are opting out of Health insurance, please bring a copy of your Health insurance card with you. You will receive a supplement for opting out of Medical only!! Details about supplement will be given during the on-boarding orientation.

