

Welcome to Broward County Public Schools!

Congratulations on becoming an Instructional Employee. As a new temporary hourly (THC) employee you must complete and bring the documents listed below to your scheduled appointment. These documents are necessary for entry into the employment /payroll system. When filling out the papers, use the name on your social security card. When asked for employer, you can indicate "SBBC". Bring a valid SS Card and Driver's License.

1. Personal Data Form

Complete all sections and sign the bottom

2. I-9 Employment Eligibility Verification

Only complete section 1. Do NOT complete the preparer section.

3. W-4

Use the worksheet to determine the number of deductions that will be entered in box 5. Select single or married (box 3); enter the number of deductions in box 5.
Sign and Date

4. Direct Deposit Form

Complete the form in its entirety and staple a voided check to the form.

5. Florida Retirement System (FRS)

Complete the correct section:

Have you ever contributed to the State of Florida retirement plan? If no, complete Section I, sign, date and STOP

If yes, complete Section II by selecting the FRS plan you belonged to and either section III or Section IV.

If not retired from a FRS, go to Section III, sign, date and STOP

If retired from a FRS, go to Section IV, enter your retirement date, sign, date and STOP.

6. Personnel Information Exemptions

If none applies put X through document sign and date. If you check a box, you must provide a different address that can be provided to vendors.

7. Employment Acknowledgement

Initial Each Line and sign the bottom

8. Not Covered by Social Security

Review, complete and sign the bottom

9. Self-Reporting

Review, complete and sign the bottom

10. Social Security Disclosure Page 1

Initial on line at the bottom left

Social Security Disclosure Page 2

Complete Bottom, sign and 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME ADDRESS		APT #
CITY	STATE	ZIP CODE
HOME PHONE # (Include Area Code)		OTHER PHONE # (Include Area Code)
E-MAIL ADDRESS		
PERSONAL INFORMATION:		
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE (Month/Date/Year)	SOCIAL SECURITY #
RACE (Check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White		ETHNICITY (Select One Only) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
VETERAN STATUS (If Applicable Only) <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Other Protected Veteran Discharge date: _____		
MILITARY STATUS (Select One Only) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Reserve <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> On Call <input type="checkbox"/> Inactive <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Other Veteran		
EMPLOYEE SIGNATURE:		DATE:



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

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

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

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

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

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

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

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

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

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

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

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

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

STCP **Employer Completes Next Page** STCP

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

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

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

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2019)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

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

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2019	
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 filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • 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	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	D	_____
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F	_____
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F	G	_____
H	Add lines A through G and enter the total here	H	_____

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

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have **more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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 2,3,4 or 5 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 _____				
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 # 4

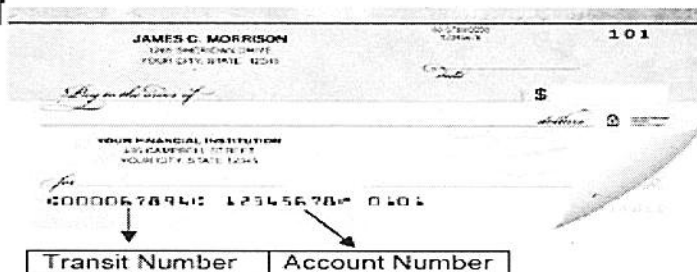
Provide banking information, enter the fixed amount, and check the appropriate boxes.

Name Of Financial Institution _____	Fixed Amount _____				
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 # 5

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

Name Of Financial Institution _____	Fixed Amount _____				
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"/>	



For Payroll Use Only

Date Received	Date Processed	Processor

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 _____

Agency Name _____

Previous or Current FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

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

STOP HERE

SIGNATURE

DATE

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹
 FRS Pension Plan (incl. DROP) FRS Investment Plan State University System Optional Retirement Program (SUSORP)
 State Community College Optional Retirement Program (SCCORP) 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 7th through 12 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, SCCORP, SMSOAP, or other plan was _____.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

I understand that as a Pension Plan retiree:

- If I am employed by an FRS-covered employer in any type of position² 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,³ and I must reapply for retirement in order to receive future benefits.
- If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ My employer may also be liable for repaying any unauthorized benefits I received.

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

- If I am employed by an FRS-covered employer in any type of position² during the first 6 calendar months after I retired, I must repay³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

Retiree Definition

You are considered retired if:

- You have received any benefits under the FRS Pension Plan (including DROP), or
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

¹If 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 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

³Florida 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, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There 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, SCCORP, or SMSOAP members who retire on or after July 1, 2010.

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
PERSONNEL INFORMATION EXEMPTIONS

Purpose: To identify those Broward County Public School employees whose selected personnel information and records are exempt from public disclosure. This enables the District to comply with Florida's Public Records Law (F.S. 119.071).

Instructions: 1. Check all boxes that apply, if none apply, cross out form; complete and sign the bottom portion of this form.
2. If any boxes are checked, complete and sign a "Name and Address Change" form".
3. Submit form(s) to the Personnel Records Department for processing.

1. I am an active or former law enforcement personnel, including correctional and correctional probation officers, personnel of the Department of Children and Family Services 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 child of any of the above.
2. I am a firefighter certified in compliance with S 633.35.
 I am the spouse or child of the above.
3. I am a justice of the Supreme Court, district court of appeal judge, circuit court judge, or county court judge.
 I am the spouse or child of any of the above.
4. I am a current or former state attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor.
 I am the spouse or child of any of the above.
5. I am a 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 child of any of the above.
6. I am a current or former United States attorney or assistant United States attorney.
 I am the spouse or child of any of the above.
7. I am a current or former judge of the United States Courts of Appeal, United States district judge, or United States magistrate judge.
 I am the spouse or child of any of the above.
8. I am a current or former code enforcement officer.
 I am the spouse or child of any of the above.
9. I am a current or former guardian ad litem as defined in S.39.820 (written statement required).
 I am the spouse or child of the above (written statement from guardian ad litem required).

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: _____
(Please Print)

Personnel #: _____

Signature: _____

Date: _____

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/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 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

**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** _____

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

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

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