



Sub Cafeteria

In order to be processed as a Substitute Cafeteria you must have with you today:

1. Social Security Card
2. Valid Driver's License/State ID or valid Passport
3. Checking or Savings Account information for **Mandatory Direct Deposit**

***Please keep in mind the following:**

1. This is NOT a permanent position
2. Your name would be added to the Substitute Cafeteria List to be on call
3. You are NOT guaranteed to work every day
4. This position pays the minimum wage for the state of Florida
5. You must work at least **ONE** day during the school year to remain active in the system

You may apply for **Permanent Positions** as they are advertised in the weekly Existing Vacancies. The School Board website **<http://www.browardschools.com>**

1. Click on Careers
2. Click on Support Vacancies under Employment Vacancies on the bottom of the page
3. Click on Support Vacancies under All Support Vacancies on the right side of the page

**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: <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) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Recently Separated Veteran </div> <div> <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Other Protected Veteran </div> <div> <input type="checkbox"/> Armed Forces Service Medal Veteran Discharge date: _____ </div> </div>			
MILITARY STATUS (Select One Only) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Inactive <input type="checkbox"/> Active </div> <div> <input type="checkbox"/> Reserve <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Retired </div> <div> <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Other Veteran </div> <div> <input type="checkbox"/> On Call </div> </div>			
EMPLOYEE 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 2,3,4 or 5 banking options, provide banking information and enter the Fixed amount.

Name Of Financial Institution _____ Net Deposit ☐
 Transit routing number _____ Checking ☐ New ☐
 Account Number _____ Savings ☐ Change ☐
 Stop ☐

Direct Deposit # 2

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

Fixed Amount _____ Balance ☐
 Name Of Financial Institution _____ New ☐
 Transit routing number _____ Checking ☐ Change ☐
 Account Number _____ Savings ☐ Stop ☐

Direct Deposit # 3

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

Fixed Amount _____
 Name Of Financial Institution _____ New ☐
 Transit routing number _____ Checking ☐ Change ☐
 Account Number _____ Savings ☐ Stop ☐

Direct Deposit # 4

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

Fixed Amount _____
 Name Of Financial Institution _____ New ☐
 Transit routing number _____ Checking ☐ Change ☐
 Account Number _____ Savings ☐ Stop ☐

Direct Deposit # 5

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

Fixed Amount _____
 Name Of Financial Institution _____ New ☐
 Transit routing number _____ Checking ☐ Change ☐
 Account Number _____ Savings ☐ Stop ☐



For Payroll Use Only

Date Received	Date Processed	Processor

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

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.
☐ I 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 _____



Florida Retirement System

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 Membership

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 _____

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

- 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 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 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.
- If you are not retired and you earned FRS service after certain periods since 2002 (depending on your employer), you will be enrolled in the FRS retirement plan you were enrolled in when you terminated FRS-covered employment.

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.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole 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 		<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 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 		<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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

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

Initial

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

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.****2024****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, and when to use the estimator at www.irs.gov/W4App.

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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (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 ☐

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
employmentEmployer identification
number (EIN)

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)

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

Yellow - Employee