

SCHOOL BOARD OF BREVARD COUNTY

Date _____

(Print) Last Name First Middle

Employee Id Number School/Dept.

AUTHORIZATION FOR PAYROLL DEDUCTION

I hereby authorize the School Board of Brevard County, Florida to deduct \$75.00 (ONE TIME ONLY) from my earnings for processing my **certificate renewal**. (CANNOT BE USED AFTER MAY 1 AND BEFORE AUGUST 1 EACH YEAR) ***Individuals no longer employed by the School Board of Brevard County, employees on leave or charter school employees are NOT eligible for the payroll deduction option.***

**PLEASE RETURN THIS SHEET TO HUMAN RESOURCES/CERTIFICATION OFFICE.
DO NOT SEND TO PAYROLL DEPT.**

Employee Signature

OFFICIAL USE ONLY – CERTIFICATION OFFICE

FL DOE ***CERTIFICATE RENEWAL*** application processed _____ Date: _____
FP _____ Points _____ SWD Points _____