

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 \$20.00 from my earnings for processing my **NAME CHANGE** of my Florida certificate. **(CANNOT BE USED AFTER MAY 1)** 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 ***NAME CHANGE*** application processed: \_\_\_\_\_ Date: \_\_\_\_\_