

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) 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 WITH YOUR APPLICATION.**

\_\_\_\_\_  
Employee Signature