



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
CHARTER SCHOOLS

# Charter School Authorization For

- Employee**     
  **Contracted Services**  
 (i.e. SLP, OT, PT)     
  **Board Member**     
  **Vendor**

The purpose of this form is to authorize employment and/or services at a Charter School. Follow the directions as specified below to complete this form. Incomplete forms will not be processed.

- Directions:**
1. Select a category from the choices above.
  2. Route this form through the steps below.
  3. Follow fingerprint appointment guidelines provided to your school.
  4. **Employment start date CANNOT be prior to the fingerprint clearance date.**

**STEP 1 - CHARTER SCHOOL MUST COMPLETE (all fields are required)**

|                                  |                     |           |  |   |
|----------------------------------|---------------------|-----------|--|---|
| School #                         | Charter School Name |           | Position Type (check one)<br><input type="radio"/> Instructional <input type="radio"/> Non-Instructional |   |
| Applicant First Name             | M.I.                | Last Name |  | Last 4 digits of Soc. Sec. # (optional) |
| Applicant Email Address          |                     |           | Applicant Phone #  |   |
| Subject / Position / Grade Level |                     |           |  |   |
| Fieldprint Code                  |                     |           |  |   |

\_\_\_\_\_  
*Printed Name of Charter School Principal*

\_\_\_\_\_  
*Signature of Charter School Principal*

\_\_\_\_\_  
*Date*

**STEP 2 - APPLICANT MUST COMPLETE (all fields are required)**

\_\_\_\_\_  
*Date Fingerprinted*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**STEP 3 - DISTRICT HRIM MUST COMPLETE (all fields are required)**

Applicant must provide ID, social security number, and completed form PBSD 2521, *Charter Employee Personal Information*.

Employee ID # \_\_\_\_\_

Fingerprint Clearance Date \_\_\_\_\_

**(Employment start date CANNOT be prior to the fingerprint clearance date.)**

Personal information/fingerprints verified by: \_\_\_\_\_  
*Signature of HRIM Representative*

\_\_\_\_\_  
*Date*