



Miami-Dade County Public Schools
PARAPROFESSIONAL/ASSOCIATE EDUCATOR APPLICATION FOR
CHILD DEVELOPMENT ASSOCIATE SUPPLEMENT

DIRECTIONS

Complete form, attach all required documentation, sign and return to Compensation Administration, Miami-Dade County Public Schools, 1450 NE 2nd Ave., Suite #621, Miami, FL 33132 or Mail Code – 9317.

Required documentation:

- ☐ Copy of all Training Certificates
- ☐ Copy of CDA/Staff Credentials
- ☐ Department of Children and Families Transcripts

EMPLOYEE INFORMATION

Name: _____ Employee #: _____

Home Address: _____ City: _____ Zip Code: _____

Email Address: _____ DCF Student I.D. #: _____
(Required for Verification Purposes)

Contact Phone #: _____ Work Phone#: _____

Work Location Name: _____ Work Location #: _____

ASSIGNMENT VERIFICATION

Position/Grade Level: _____ Full Time ☐ Part Time ☐

PAYMENT REQUIRES SUPERVISING ADMINISTRATOR'S SIGNATURE TO VERIFY CURRENT ASSIGNMENT.

Signature of Supervising Administrator

Title

Date

I hereby acknowledge that all information pertaining to this application is true, correct, and complete. I understand that if any of the information provided is found false, the verification will be rescinded.

Signature of Applicant

Date

COMPENSATION USE ONLY

Approved By: _____ Effective Date: _____

Processed By: _____ Processed Date: _____