

Substitute Teachers

Thank you for our interest in our school district and in a substitute teaching position. You are an integral part of Glen Rose Independent School District.

Attached is an Application for Substitute Teacher. Please complete the application completely. We asked that you answer the disclosure question and sign the last page of the application. Feel free to attach a resume if you wish.

We have also included other documentation to assist in answering questions about substitute teaching and our automated absence management system (AESOP and Jobulator). The Handbook for Substitutes includes general information about substituting, pay scale information, duties and responsibilities, and classroom management. Please review the handbook carefully.

Also provided is a current school calendar and payroll information. The payroll information sheet has cut-off dates, period covered and pay day dates and holidays. Payroll is issued once a month on or closest to the 25th of each month. Remember payroll runs a month behind.

Our intention is to get you in the classroom as soon as possible. In this packet are the following payroll forms that must be completed:

Form W-4 – Employee's Withholding Allowance Certificate

Form I-9 – Employment Eligibility Verification (complete section 1 only and provide copy of driver's license and social security card or US Passport. **A copy of your social security card must be provided before the first payroll period).**

Deferred Compensation Plan Participation Agreement – This is mandatory for temporary employees such as substitute teachers. This is an annuity through First Financial Group of America. 7.5% of your eligible gross from each paycheck goes into a savings plan for you. Participation in this plan is a requirement because as a substitute teacher you do not pay into social security (FICA) or Teacher Retirement (TRS). Complete the triplicate form's Participant Information and the Beneficiary Designations. Be sure to include your beneficiary's date of birth and social security number. There is a place for a contingent or secondary beneficiary but is not necessary. Remember to sign and date the form at the bottom.

Personnel Data Form – Provide all information as listed.

Letter of Reasonable Assurance – This letter explains that you do not have a guarantee of employment by Glen Rose ISD. Please complete the bottom of this form.

Direct Deposit Agreement – Please complete this form if you would like to authorize Glen Rose ISD to make a direct deposit into your checking or savings account at your financial institution. This is not mandatory.

Enrollment, Change and Declination Form and Insurance Premium Form – The Affordable Care Act requires us to offer you health insurance on a self-pay basis (you are responsible for all insurance premiums). If you wish to sign up for coverage, please complete the form in its' entirety both front and back. If you wish to decline coverage, please check the "Yes" box in option 2 and complete only section 2 (Employee Information) and section 7 (Declination of Coverage). Sign and date the form.

Pre-Employment Affidavit for Applicant – This form is required by the State of Texas to ensure that school districts do not hire anyone charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. Please check the appropriate box, complete the bottom of the first page, sign the second page, and again check the appropriate box on page 3. This does not need to be signed in the presence of a notary public.

You will also need to provide an official transcript from your accredited high school, college or university. This can be sent by mail to the attention of Danielle Harris, Glen Rose ISD, P.O. Box 2129, Glen Rose, Texas 76043-2129. Many universities are able to send official transcripts by email. If using email, send official transcript to harrda@grisd.net.

Our Board Policy requires we place certified teachers in the classroom if possible. However, we are not always able to do that as we have only a limited number of certified teachers on the substitute list.

SB 9 requires that all educational employees be fingerprinting prior to employment. If you have been fingerprinted through the State Board of Education (SBEC) your fingerprints will be able to be accessed through the Clearinghouse program. If you were printed through any other agency, they will not be able to be accessed (CHL, Nursing, Real Estate) as agencies do not share information.

If you have not been fingerprinted, we will upload your information supplied by your application on the required template. Within 24 hours of the time your information is uploaded, you will receive an email from IdentoGo. This email will ask you to log in and answer questions and schedule an appointment for printing. Appointments can usually be scheduled within a few days. The nearest fingerprinting site to Glen Rose is in Stephenville. The IdentoGo site will provide options for locations and times of appointments. Within 24 hours of the time you are printed, Glen Rose ISD will receive your information and your application can be processed.

When your application is processed, you will receive an email and a telephone call providing your ID number and PIN number for AESOP. You will be activated in our absence management system and should begin to receive telephone calls for substitute teaching positions as they become available. The number to watch for is 1-800-942-3767. You will also be able to access AESOP and look for substitute teaching positions through our website at www.grisd.net. Your name will be placed on a list that is given to each campus weekly and highlighted the first week as a new sub. If you are a certified substitute, your certifications will be listed also.

Jobulator is an application you can download to your cell phone or computer to notify you when jobs become available. The annual subscription is \$39.99. This is not mandatory.

We look forward to working with you and will be glad to assist you with this process and answer any questions you may have.

*An Equal Opportunity Employer**



**APPLICATION FOR SUBSTITUTE TEACHER
GLEN ROSE INDEPENDENT SCHOOL DISTRICT**

Certification	Certificates or Licenses Currently Held: <input type="checkbox"/> None <input type="checkbox"/> Valid Texas <input type="checkbox"/> Valid Other State _____ <input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____ <input type="checkbox"/> Other: _____			
	Category/Level(s) of Certification: _____			
	Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification): _____ _____ _____			
Teaching Experience	List teaching experience beginning with most recent years. Attach additional sheets if necessary.			
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
	Reason for leaving		Reason for leaving	
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
Reason for leaving		Reason for leaving		

**APPLICATION FOR SUBSTITUTE TEACHER
GLEN ROSE INDEPENDENT SCHOOL DISTRICT**

Other Work Experience	Provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach résumé if available.				
	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
Reason for leaving		Reason for leaving			
References	List references the district can contact regarding your work history.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number



**APPLICATION FOR SUBSTITUTE TEACHER
GLEN ROSE INDEPENDENT SCHOOL DISTRICT**

General Information	<p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____ _____ _____</p> <p style="font-size: small;">(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)</p>
Verification	<p>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I authorize the references listed on the previous page to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.</p> <p>I understand that the district is required by Texas Education Code to review criminal history record information of substitute teachers.</p> <p>I understand that I am required to report any outside employment with a TRS-covered employer to the district and provide a monthly record of hours worked so the district can determine if it will be subject to the monthly surcharge.</p> <div style="text-align: right; margin-top: 20px;"><div style="display: inline-block; width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div>Signature</div> <div style="display: inline-block; width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date

**Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The district Title IX Coordinator is Tommy Corcoran, Assistant Superintendent of Operations,
1102 Stadium Drive, Glen Rose, Texas 76043 at 254-898-3913.



Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

- I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

I declare under penalty of perjury that the foregoing is true and correct.

Name (First, Middle, Last)

Date of Birth

Address (Street, City, State, Zip Code)

County

Executed in _____ County, State of _____, on the _____ day of _____, _____.
County State Date Month Year

(Signature of Declarant)

*I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration.**

*This form will be processed separately and not shared with the hiring manager.

Approved by the Texas Commissioner of Education, October 2017.

Pre-Employment Affidavit for Applicant Offered Employment

For purposes of this affidavit:

***Adjudication and conviction** refer to a conviction, plea of guilty or no contest (nolo contendere), probation, suspension, or deferred adjudication.*

***Charge** refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.*

***Inappropriate relationship** refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.*

I declare the following:

- I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
 - I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.
 - I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.
-



Absence Management

Sign In

ID or Username

PIN or Password

Sign In

[I forgot my ID or username](#) [I forgot my PIN or password](#)

[Having trouble signing in?](#)

SIGNING IN

Type aesoponline.com in your web browser's address bar or go to app.frontlineeducation.com if you have a Frontline Account.

The Sign In page will appear. Enter your ID/username and PIN/password and click Sign In.

RECOVERING CREDENTIALS

If you cannot recall your credentials, use the recovery options or click the "Having trouble signing in?" link for more details.

SEARCHING FOR AVAILABLE JOBS

You can review available jobs directly on the homepage. These potential jobs appear in green on the calendar and in list form under the "Available Jobs" tab.

To accept a job, click the **Accept** button beside the absence (or click **Reject** to remove a job from the list).

April 2018

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2018

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2018

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

2 Available Jobs 1 Scheduled Jobs 2 Past Jobs 0 Non Work Days

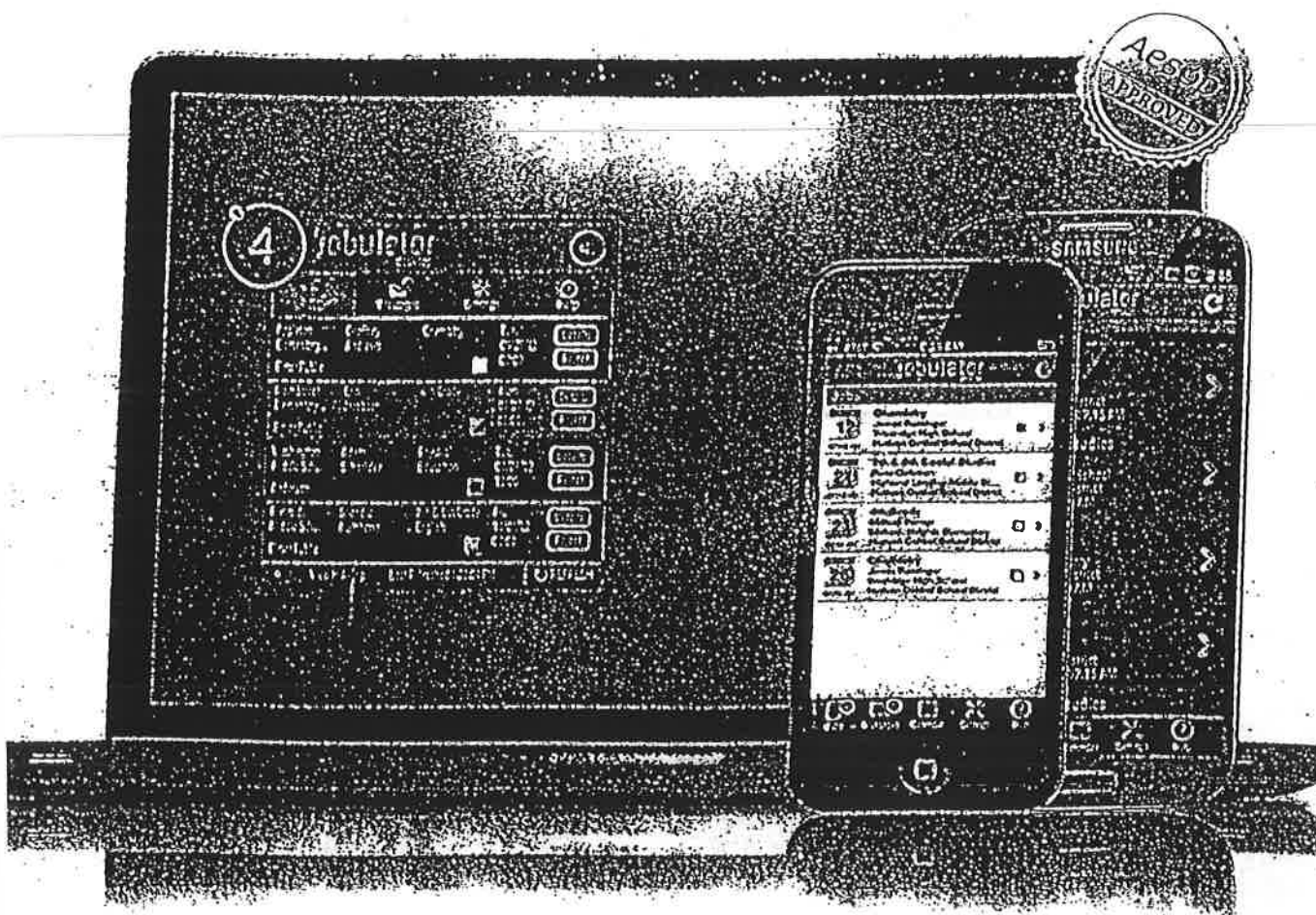
Date: Time: Duration: Location: Filter

Barker, Bob

Mon, 4/30/2018 11:00 AM - 6:00 PM ① Full Day Victoria County School District
Victoria County Community Schools

Jobulator: Aesop Notifications for Substitutes

JOBULATOR: YOU'VE GOT JOBS



Jobulator you've got jobs.

Employee's Withholding Certificate

OMB No. 1545-0074

2021

- ▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
Add the amounts above and enter the total here		3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ Employee's signature (This form is not valid unless you sign it.)		▶ Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

Step 2(b) — Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 1 \$ _____
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, **skip** to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a 2a \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c 2c \$ _____
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 _____
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) 4 \$ _____

Step 4(b) — Deductions Worksheet (Keep for your records.)

- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 4 \$ _____
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 5 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions) Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one)

☐ I am the preparer or translator. ☐ A preparer (if one) and/or translator(s) assisted me in completing Section 1.
(Fields below must be completed and signed when preparer(s) and/or translator(s) assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

PERSONNEL DATA FORM

EMPLOYEE DATA:

NAME:

FIRST _____

MIDDLE _____

LAST _____

SUFFIX: __ Sr. __ Jr. __ I __ II __ III

DATE OF BIRTH _____

MARITAL STATUS _____

PERSONAL EMAIL ADDRESS _____

ADDRESS:

MAILING _____

CITY _____

STATE _____ ZIP CODE _____

COUNTY THAT YOU LIVE IN _____

HOME PHONE _____

CELL PHONE _____

ETHNICITY: ____ Hispanic/Latino ____ Not Hispanic/Latino

RACE: ____ American Indian or Alaska Native ____ Asian ____ Black or African American ____ White

____ Native Hawaiian or Other Pacific Islander

FAMILY INFORMATION:

SPOUSE: _____
First Middle Last Suffix

EMPLOYER: _____ WORK PHONE: _____

ETHNICITY: ____ Hispanic/Latino ____ Not Hispanic/Latino

RACE: ____ American Indian or Alaska Native ____ Asian ____ Black or African American ____ White

____ Native Hawaiian or Other Pacific Islander

EMERGENCY CONTACT INFORMATION:

CONTACT NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

GLEN ROSE INDEPENDENT SCHOOL DISTRICT
LETTER OF REASONABLE ASSURANCE

August 1, 2021

Dear Substitute,

This letter provides notice of reasonable assurance of continued employment with the district for the school year 2021-2022, when each school term resumes after a school break. By virtue of this notice, please understand that you are not eligible for unemployment compensation benefits drawn on school district wages during any scheduled school breaks including, but not limited to, the summer, Christmas, and spring breaks. This assurance is contingent on continued school operations and will not apply in the event of any disruption that is beyond the control of the district (i.e., lack of school funding, natural disasters, court-orders, public insurrections, war etc.). Please note also that this letter is not a contract or guarantee of employment.

Nothing contained herein construes an employment contract. Your continued employment is on an at-will basis. At-will employers may terminate employees at any time for any reason or for no reason, except for legally impermissible reasons. At-will employees are free to resign at any time for any reason or for no reason.

Your services on behalf of the children of the district are appreciated, and we hope that you will be able to continue your association with the district.

Sincerely,

Trig Overbo
Superintendent

Please complete the following information and return the original with your application. Failure to sign and return this form will keep you off the substitute list.

Name (Print)

Date

Signature

Social Security Number

Address

Telephone

City

State

Zip Code

GLEN ROSE INDEPENDENT SCHOOL DISTRICT DIRECT DEPOSIT AGREEMENT

Authorization Agreement for Direct Deposit

Name: _____
(Please Print) Last First

I hereby authorize, Glen Rose ISD and the depository(s) named below, to initiate credit entries to my account(s) listed below. I also authorize Glen Rose ISD to make correcting entries from the account(s) in the event that a credit entry is made in error.

Furthermore, I agree not to hold Glen Rose ISD responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution(s) or due to an error on the part of my financial institution(s) in depositing funds to my account.

Please submit a voided check with this authorization for each account listed above. (This will be used to verify transit routing number and account number information.)

Monthly Net Amount to be deposited (primary account):

Financial Institution: _____

City: _____ State: _____ Zip Code: _____ Please Check: Checking _____ Savings _____

Transit Routing Number: _____ Account Number: _____

Secondary Account Depository Deduction Accounts:

Financial Institution: _____ I wish to deposit: \$ _____ or _____ %

City: _____ State: _____ Zip Code: _____ Please Check: Checking _____ Savings _____

Transit Routing Number: _____ Account Number: _____

Financial Institution: _____ I wish to deposit: \$ _____ or _____ %

City: _____ State: _____ Zip Code: _____ Please Check: Checking _____ Savings _____

Transit Routing Number: _____ Account Number: _____

This authorization will remain in effect until Glen Rose ISD receives a written notification from me or my financial institution(s) of its termination in such time and manner as to afford a reasonable opportunity to act on the termination notice.

Signature

Date

Enrollment, Change and Declination Form

Eligibility:

Are you an active employee and making monthly contributions to TRS?

☐ Yes

☐ No

If no, are you regularly scheduled to work 10 or more hours per week?

☐ Yes

☐ No

*If no to both, you are not eligible for TRS ActiveCare coverage.

Section 1: Enrollment/Change Transaction Type

*Carefully review Options 1-3 before making any selections.

Option 1: Enrollments

- ☐ Annual Enrollment
☐ Add Dependent
☐ New Employee*
☐ Special Enrollment**

*Choose effective date if selecting New

Employee:

- ☐ Effective on actively at work
☐ Effective 1st day of the following month

For District Use Only

TRS District #:

Actively at Work Date: / /

Effective/Change Date: / /

Employer Approval:

**Choose a Life Event type if selecting

Special Enrollment:

- ☐ Marriage
☐ Birth/Adoption
☐ Loss of Coverage***
☐ Court Order
☐ Other: _____

***If you selected Loss of Coverage please specify:

Cancel Employee:

- ☐ Death
☐ Loss of Eligibility
☐ Retirement/Terminated
☐ Non-Payment
☐ Other: _____

Cancel Dependent:

- ☐ Divorce
☐ Death
☐ Loss of Eligibility
☐ Dropped Coverage
☐ Other: _____

Date of Life Event: / /

Were you previously covered by a different district? ☐ Yes ☐ No

If yes, District Name: _____

Option 2: Changes

- ☐ Name
☐ Address
☐ Plan/Coverage

Effective Date of Change: / /

Option 3: Decline Coverage

- ☐ Yes
☐ N/A

*If selecting yes, must complete Section 7

Section 2: Employee Information

Last Name: _____ First Name: _____ MI: _____ SSN: - -

Address: _____ City: _____ State: _____ Zip: _____

Alternate Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: / / Work Phone: - - Work Email: _____

Sex: ☐ M ☐ F Language: ☐ English ☐ Spanish Tobacco User: ☐ Yes ☐ No Race/Ethnicity: _____

Are you covered by other insurance? ☐ Yes ☐ No Are you covered by Medicare? ☐ Yes ☐ No

Reason for Medicare

Coverage:

- ☐ Entitlement Age
☐ Disability
☐ End State Renal
Disease (ESRD)

Medicare Coverage Type:

- ☐ Medicare A and D Primary
☐ Medicare A, B and D Primary
☐ Medicare B and D Primary
☐ Medicare D Primary
☐ Medicare A Primary
☐ Medicare A and B Primary
☐ Medicare B Primary
☐ Medicare Unknown
☐ Other Coverage

Section 3: Coverage Selection

Plan Selection:

- ☐ TRS-ActiveCare Primary
☐ TRS-ActiveCare HD
☐ TRS-ActiveCare Primary+
☐ TRS-ActiveCare 2

OR

HMO Selection:

- ☐ South Texas Blue
Essentials Plan*
☐ Central and North
Texas Scott & White
Health Plan*
☐ West Texas Blue
Essentials Plan*

Coverage Tier:

- ☐ Employee Only
☐ Employee + Spouse
☐ Employee + Child(ren)
☐ Employee + Family

*plan eligibility is based on home or work location

Section 5: Dependent Information (Use additional form for more dependents)

SPOUSE Last Name: _____ First Name: _____ MI: _____

Address: _____ ☐ Same as Employee

City: _____ State: _____ Zip: _____

Phone Number: _____ - _____ Sex: ☐ M ☐ F Date of Birth: ____/____/____ SSN: _____ - _____

Primary Care Physician Name: _____

PCP ID #: _____

Are you covered by other insurance? ☐ Yes ☐ No If yes, Carrier/Plan: _____Tobacco User: ☐ Yes ☐ No

If Medicare, select a coverage type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Medicare A and D Primary | <input type="checkbox"/> Medicare D Primary | <input type="checkbox"/> Medicare B Primary |
| <input type="checkbox"/> Medicare A, B and D Primary | <input type="checkbox"/> Medicare A Primary | <input type="checkbox"/> Medicare Unknown |
| <input type="checkbox"/> Medicare B and D Primary | <input type="checkbox"/> Medicare A and B Primary | <input type="checkbox"/> Other Coverage |

CHILD Last Name: _____ First Name: _____ MI: _____

☐ Child ☐ Grandchild ☐ Disabled ☐ Other ☐ Tobacco user (*required for children 18 and older)Address: _____ ☐ Same as Employee

City: _____ State: _____ Zip: _____

Phone Number: _____ - _____ Sex: ☐ M ☐ F Date of Birth: ____/____/____ SSN: _____ - _____

Primary Care Physician Name: _____

PCP ID #: _____

Are you covered by other insurance? ☐ Yes ☐ No If yes, Carrier/Plan: _____

If Medicare, select a coverage type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Medicare A and D Primary | <input type="checkbox"/> Medicare D Primary | <input type="checkbox"/> Medicare B Primary |
| <input type="checkbox"/> Medicare A, B and D Primary | <input type="checkbox"/> Medicare A Primary | <input type="checkbox"/> Medicare Unknown |
| <input type="checkbox"/> Medicare B and D Primary | <input type="checkbox"/> Medicare A and B Primary | <input type="checkbox"/> Other Coverage |

CHILD Last Name: _____ First Name: _____ MI: _____

☐ Child ☐ Grandchild ☐ Disabled ☐ Other ☐ Tobacco user (*required for children 18 and older)Address: _____ ☐ Same as Employee

City: _____ State: _____ Zip: _____

Phone Number: _____ - _____ Sex: ☐ M ☐ F Date of Birth: ____/____/____ SSN: _____ - _____

Primary Care Physician Name: _____

PCP ID #: _____

Are you covered by other insurance? ☐ Yes ☐ No If yes, Carrier/Plan: _____

If Medicare, select a coverage type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Medicare A and D Primary | <input type="checkbox"/> Medicare D Primary | <input type="checkbox"/> Medicare B Primary |
| <input type="checkbox"/> Medicare A, B and D Primary | <input type="checkbox"/> Medicare A Primary | <input type="checkbox"/> Medicare Unknown |
| <input type="checkbox"/> Medicare B and D Primary | <input type="checkbox"/> Medicare A and B Primary | <input type="checkbox"/> Other Coverage |

CHILD Last Name: _____ First Name: _____ MI: _____

☐ Child ☐ Grandchild ☐ Disabled ☐ Other ☐ Tobacco user (*required for children 18 and older)Address: _____ ☐ Same as Employee

City: _____ State: _____ Zip: _____

Phone Number: _____ - _____ Sex: ☐ M ☐ F Date of Birth: ____/____/____ SSN: _____ - _____

Primary Care Physician Name: _____

PCP ID #: _____

Are you covered by other insurance? ☐ Yes ☐ No If yes, Carrier/Plan: _____

If Medicare, select a coverage type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Medicare A and D Primary | <input type="checkbox"/> Medicare D Primary | <input type="checkbox"/> Medicare B Primary |
| <input type="checkbox"/> Medicare A, B and D Primary | <input type="checkbox"/> Medicare A Primary | <input type="checkbox"/> Medicare Unknown |
| <input type="checkbox"/> Medicare B and D Primary | <input type="checkbox"/> Medicare A and B Primary | <input type="checkbox"/> Other Coverage |

Section 8: Coverage Conditions

I am eligible to participate in the coverage(s) offered by the TRS-ActiveCare program which is administered by Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation Health, with HMO benefits provided by Baylor, Scott and White Health Plan and Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation Health Plans. On behalf of myself and any dependents listed, I apply for those coverage(s) for which I am eligible.

- If I am enrolling a grandchild, I certify that my household is the grandchild's primary residence and the grandchild is my dependent for federal income tax purposes for the reporting year in which coverage of the grandchild is in effect.
- If I am enrolling a child as an "other child" in Section 5, I certify that my household is the child's primary residence, that I provide at least 50% of the child support, that neither of the children's natural parents resides in my household, and that I have the legal right to make decisions regarding the child's medical care.

Only those coverage(s) and amount for which I am eligible will be available to me. I understand that if my coverage requests are accepted, the coverage(s) will become effective in accordance with the provisions of the TRS-ActiveCare program.

I understand that by enrolling for coverage that any TRS-ActiveCare coverage I previously elected under another TRS-ActiveCare participating district/entity will be terminated under TRS Rules.

I authorize necessary payroll deduction by my Employer, if any, to cover the cost of my coverage(s). I agree that my Employer acts as my agent. All notices given to my Employer are binding upon me. I also agree that my participation in the coverage(s) is subject to any future amendments.

I understand that by declining TRS-ActiveCare coverage now or by terminating TRS-ActiveCare coverage during the plan year, I am not eligible to re-enroll in TRS-ActiveCare until the next plan year unless I experience a special enrollment event.

I state that the information provided in this enrollment is true and correct. I understand and agree that any incorrect statements material to the risk and knowingly made by me will invalidate my coverage(s).

Applicant Signature: _____ Date: ____ / ____ / ____

THE Premier Plan

THE PREMIER PLAN OFFERS A POSITIVE ALTERNATIVE TO SOCIAL SECURITY

**Retirement Plan
for Part-time,
Temporary, and
Seasonal Employees,
including
Substitute Teachers**

*Why pay Social
Security taxes when
you can use the
money to build your
own personal
retirement savings
account instead?*

Through the Premier Plan, you contribute 6.2% of your pay to your plan account on a pre-tax basis. Your employer also makes a 1.3% contribution on your behalf. Since your 6.2% is pre-tax you pay less than you would pay to Social Security on an after-tax basis. (The example in the box shows you how this works.) The money in your Premier Plan account earns interest that is guaranteed. The statement you receive annually shows you how your money grows.

Best of all, you are 100% vested. When you stop working, the money in your plan account is yours to take with you, after a designated waiting period.

*How 6.2% in
after-tax dollars
equals 7.5% in
pre-tax dollars –
and lets you come
out ahead.*

Normally, the taxes you pay are based on your total income. But through the Premier Plan and its pre-tax feature, your taxable income is based on your total income minus your 6.2% contributions. Some of the tax dollars you would ordinarily pay to Uncle Sam, go instead, to your own personal Premier Plan account.

 **FIRST
FINANCIAL
GROUP
OF AMERICA**
First in Service and Expertise
TEXAS HEADQUARTERS
1811 North Freeway, Suite 900
Houston, Texas 77060
(713) 523-8422

Call toll-free

1-800-430-7999

with any questions

or visit us online at

www.midamerica.biz

	FICA	Premier
Gross Salary*	\$ 1,000.00	\$ 1,000.00
Less 6.2% contribution	<u>0.00</u>	<u>62.00</u>
Taxable Income	1,000.00	938.00
Less 15% income tax**	150.00	140.70
Less 6.2% Social Security	62.00	0.00
Less 1.45% Medicare	<u>14.50</u>	<u>14.50</u>
Net paycheck	\$ 773.50	\$ 782.80
Plus Employer 1.3% Contribution to your Premier account		\$ 13.00

*Assumes \$1,000 compensation
**Assumes 15% income tax bracket

FICA ALTERNATIVE DEFERRED COMPENSATION PLAN PARTICIPANT AGREEMENT

PST

☐ New Enrollment ☐ Address Change ☐ Beneficiary Change ☐ Name Change

Participation Information

Name (Last, First, Middle) _____

Address (Street, PO Box, City, State, Zip) _____

Social Security Number _____

Birthdate _____

Home Phone _____

Work Phone _____

Female ☐

Male ☐

Beginning (Hire Date) _____, I will participate in the (Employer) _____ Deferred Compensation Plan, I.R.C. Section 457 and hereby forego my rights to receive compensation to the _____ % of my eligible gross annual compensation in return for the benefits provided thereunder. I wish this contribution to be invested in an annuity contract with American United Life. I understand that my total amount of deferred compensation shall not exceed the lesser of the Section 457 dollar limit or 100% of the participant's includable compensation or such other sum as is permissible pursuant to the provisions of Section 457 of the Code in any calendar year. I understand that my participation in this Plan is a condition of employment required by I. R. C. Section 3121(b) (7) OBRA 1990. I further understand that payment(s) will be based on the value of the individual account(s). I acknowledge that a copy of the Deferred Compensation Plan Document is available to me for my review and understanding. The terms, conditions, and provisions of the Plan Document are hereby incorporated into this agreement.

❖ New Employees Must Complete the Following Beneficiary Designations.

Primary Name _____

Birthdate _____

Relationship _____

Social Security Number _____

Address (Street, PO Box, City, State, Zip) _____

Contingent Name _____

Birthdate _____

Relationship _____

Social Security Number _____

Address (Street, PO Box, City, State, Zip) _____

A \$1.00 monthly fee will be applied to inactive participant account balances. Inactive participants are those participants who have not made a contribution to the plan for one year, are no longer employed with the district, and who could at any time, request a distribution of their account balance.

Statement Concerning Your Employment in a Job Not Covered by Social Security

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2017, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$442.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security Publication, "Windfall Elimination Provision".

Government Pension Offset Provision

Under the Government Pension Offset Provision, and Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security, (\$500 - \$400 = \$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office. I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Form SSA - 1945 (11-2017)

SIGNATURE OF EMPLOYEE

DATE

EMPLOYER PAYROLL SIGNATURE

DATE

In the listing below are the insurance prices for the 2021-22 school year.

Please refer to your health insurance card to see which plan is listed.

GRISD pays up to \$406.00 per month, beginning with the first day of coverage.

**ActiveCare Primary
NEW PLAN OPTION**

	Ins. Total Cost	GRISD Contribution	Monthly Deduction Amount
Employee Only	\$417.00	\$406.00	\$11.00
Empl. & Spouse	\$1,176.00	\$406.00	\$770.00
Empl. & Child(ren)	\$751.00	\$406.00	\$345.00
Empl. & Family	\$1,405.00	\$406.00	\$999.00

**ActiveCare Primary +
Formerly ActiveCare Select**

	Ins. Total Cost	GRISD Contribution	Monthly Deduction Amount
Employee Only	\$542.00	\$406.00	\$136.00
Empl. & Spouse	\$1,334.00	\$406.00	\$928.00
Empl. & Child(ren)	\$879.00	\$406.00	\$473.00
Empl. & Family	\$1,675.00	\$406.00	\$1,269.00

**Central & North Texas
Scott & White Health Plan**

	Ins. Total Cost	GRISD Contribution	Monthly Deduction Amount
Employee Only	\$542.48	\$406.00	\$136.48
Empl. & Spouse	\$1,362.70	\$406.00	\$956.70
Empl. & Child(ren)	\$872.16	\$406.00	\$466.16
Empl. & Family	\$1,568.42	\$406.00	\$1,162.42

PPO

**ActiveCare HD
Formerly ActiveCare 1-HD**

	Ins. Total Cost	GRISD Contribution	Monthly Deduction Amount
Employee Only	\$429.00	\$406.00	\$23.00
Empl. & Spouse	\$1,209.00	\$406.00	\$803.00
Empl. & Child(ren)	\$772.00	\$406.00	\$366.00
Empl. & Family	\$1,445.00	\$406.00	\$1,039.00

PPO

**ActiveCare 2
CLOSED TO NEW ENROLLMENT**

	Ins. Total Cost	GRISD Contribution	Monthly Deduction Amount
Employee Only	\$1,013.00	\$406.00	\$607.00
Empl. & Spouse	\$2,402.00	\$406.00	\$1,996.00
Empl. & Child(ren)	\$1,507.00	\$406.00	\$1,101.00
Empl. & Family	\$2,841.00	\$406.00	\$2,435.00

GLEN ROSE ISD
SUBSTITUTE PAY 2021-2022

			<u>Non-Certified</u>			<u>Degreed Substitute</u>			<u>Certified Substitute</u>	
			<u>Substitute</u>							
Teacher			\$75.00	Daily		\$85.00	Daily		\$90.00	Daily
			\$35.00	1/2 Day		\$40.00	1/2 Day		\$45.00	1/2 Day
Long Term Teacher Pay (after 10 days)			\$90.00	Daily		\$100.00	Daily		\$155.00	Daily
									\$77.50	1/2 Day
Classroom Aide			\$65.00	Daily		\$65.00	Daily		\$65.00	Daily
			\$32.50	1/2 Day		\$32.50	Day		\$32.50	1/2 Day
Nurse	LVN								\$72.00	Daily
Nurse	LVN								\$36.00	1/2 Day
Nurse	RN								\$85.00	Daily
Nurse	RN								\$45.00	1/2 Day
Nurse			\$60.00	Daily						
			\$30.00	1/2 Day						
Clerical			\$65.00	Daily		\$65.00	Daily		\$65.00	Daily
			\$32.50	1/2 Day		\$32.50	1/2 Day		\$32.50	1/2 Day
Bus Substitute			\$13.00	Hourly						
Food Service Sub			\$9.00	Hourly						

NOTE: Non-Certified = High School Diploma
Certified = Must have valid Texas teaching certification and 4-year degree from accredited college or university



Handbook for Substitutes

2021-2022

**Glen Rose Independent
School District**

Preface

The Substitute Program is an integral part of the Glen Rose Independent School District. It is our belief that you represent a dedicated core of substitutes whose desire is to provide students with a quality educational experience.

The purpose of this handbook is to provide you with procedural information along with substitute duties, responsibilities, and helpful hints for the classroom. Not all district policies and procedures are included. Those that are have been summarized. Suggestions for additions and improvements to this handbook are welcome and may be sent to Tommy Corcoran, Assistant Superintendent of Operations.

Glen Rose ISD continues to monitor the spread of COVID-19, the respiratory illness caused by a novel (new) coronavirus. The District receives regular updates and guidance from Texas Governor Greg Abbott, Texas Education Agency

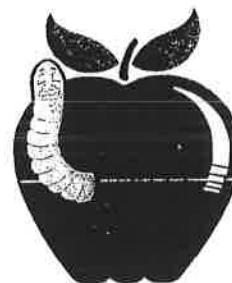
Commissioner Mike Morath and other local, state, and federal agencies regarding response, prevention, and mitigation efforts. This direction has changed repeatedly over the last several months and will continue to evolve based on COVID-19 conditions across the state and our local community.

The Glen Rose ISD District Student and Staff Safety Protocols can be found at www.grisd.net.

General Information

Substitute Teachers:

At the beginning of each school year, the Superintendent or a designee, in cooperation with principals, shall compile a list of qualified substitute teachers available for the school year. This list shall be approved by the Superintendent and distributed to all principals. The list shall indicate each individual's qualifications. Principals shall request and receive specific authorization from the Superintendent or designee before employing any substitute not on the approved list.



Persons wishing to substitute teach in the Glen Rose School District must make application through the personnel office located in the administration building at 1102 Stadium Drive, or mail an application to Glen Rose I.S.D., P.O. Box 2129, Glen Rose, Texas 76043-2129.

Qualifications:

The District shall attempt to hire certified teachers as substitutes whenever possible; however, no person shall be employed as a substitute who does not have at least a high school diploma.

Standards of Conduct:

No employee shall accept or solicit any gift, favor or service that might reasonably tend to influence the employee in the discharge of official duties or that the employee knows or should know is being offered with the intent to influence official conduct.

No employee shall accept employment or engage in any business or professional activity that the employee might reasonably expect would require or induce the disclosure of confidential information acquired by reason of the official position.



No employee shall accept other employment or compensation that could reasonably be expected to impair the employee's independence of judgment in the performance of official duties.

No employee shall make personal investments that could reasonably be expected to create a substantial conflict between the employee's private interest and the public interest.

No employee shall intentionally or knowingly solicit, accept or agree to accept any benefit for having exercised the employee's official powers or performed official duties in favor of another.

Dress Code:

All employees shall observe modesty, appropriateness and neatness in clothing and personal appearance. Teachers are professionals and should dress accordingly.

An employee is not appropriately dressed if the employee is a disturbing influence in class or school because of the mode of dress. Teachers shall be expected to serve as models for students in their dress.



The District shall have the right to appraise any current fashion or fad and determine whether it is appropriate or inappropriate for school wear. The District has the right to ask employees to change their attire if it is of such nature that it provokes unfavorable comment.

Smoking on School Premises:

Glen Rose I.S.D. is a tobacco free district. Smoking or the use of tobacco is prohibited on school grounds.



Payroll Information:

The pay rate for certified substitutes is \$85.00 a day and for non-certified substitutes it is \$70.00 a day. If a certified person substitutes for 11 to 30 days, in one position, the pay rate is \$155.00 (see attached).



BD APPROVED 6-27-16

[illegible]



Duties and Responsibilities of Substitute Teachers



GENERAL

The substitute teacher is expected to be on duty the entire day and to perform the duties, both curricular and extra-curricular, of the regular teacher. The substitute should endeavor to preserve the regular routine and follow the lesson plans left by the regular teacher, unless otherwise instructed by the principal.

The substitute teacher should not receive money from children unless instructed to do so. If money is collected, the substitute teacher should deposit it with the school secretary before leaving the building. *Substitute teachers should not lend pupils money for any purpose. If a substitute teacher has occasion to take an item of value from a student, he/she is responsible for the article until it is returned to the student or turned in to the principal.*

The substitute teacher should not leave the building during the day without the principal's approval.

A short summary of the day's activities should be prepared and left for the regular teacher.

Under no circumstances should a substitute take a book and read while on duty. *Children need full-time supervision.*

PROFESSIONAL ETHICS

The substitute has a professional obligation even though he/she is not a regular classroom teacher.

The substitute teacher should use extra caution in expressing personal opinions and reactions about any subject.

Under no circumstances should a substitute teacher criticize a regular teacher or the student in the presence of other teachers or students.

The substitute teacher must avoid comparing one school with another or comparing the children in one neighborhood with those in another neighborhood.

The school exists for the student. The first obligation of the teacher is therefore to the student.

The substitute should be prompt and professional in making and keeping his/her agreement to work.

Complaints, comments and/or questions should be directed to the building principal.

BEGINNING THE DAY

Workday is from 7:45 a.m. to 3:45 p.m.

The substitute should:

- * Arrive early enough to get oriented and to prepare for class.
- * Notify the principal, secretary and team chairperson upon arrival.
- * Sign in at the office and give his/her job number. (This step is very important since the information for the payroll department is processed here.)
- * Obtain a substitute badge from the front office if you do not have a current ID badge.
- * Check lesson plans and the daily schedule of activities. Meet with other team members, they will usually be able to provide you with information or assist you throughout the day. They can discuss with you any extra responsibilities such as lunch, playground, etc. If lesson plans are not available, contact the principal's office for a copy.
- * Greet the students as they enter the room.
- * Introduce him/her and explain why the teacher is absent.
- * Check the roll and handle other routine matters (lunch count, collections of money, etc).
- * Get lesson plans underway as quickly as possible.



DURING THE DAY

The substitute should:

- * Try to follow plans left by the teacher. (If needed, refer to Part III for activities if the students do not have enough to do.)
- * Move among students while they are working. Let them understand that they are expected to finish their work. Have a good storybook, record or game available for times when students finish early or need an extra activity.
- * Help students check their own work if possible. Use free time to check some of the work like math or spelling tests. Simply check answers right or wrong.
- * Substitute personnel will not administer corporal punishment.
- * If a grade level or department meeting is planned, be sure to attend and ask questions about anything that concerns you.



ENDING THE DAY

The substitute should:

- * Leave collected papers on teacher's desk. Attach a note if some are missing.
- * Indicate that lesson plans have been completed. Make a note of plans that have not been completed.
- * Make a note of anything unusual that may have happened.
- * Be sure the classroom is left in the same condition as was found at the beginning of the day.
- * Do not worry if lesson plans were not completed. Usually the teacher has more planned than can be accomplished.
- * Return temporary substitute badge to office before leaving.



STUDENT ILLNESS OR ACCIDENTS

If a child becomes ill while at school or has an accident, the child should be sent to the principal's office. In the case of a serious accident or injury, send for the school nurse or administrator immediately.

Under no circumstances should a substitute teacher administer medicine internally to a student.

FIRE AND EMERGENCY DRILLS

The substitute teacher should be familiar with emergency drill procedures (see fire drill routes posted in the classroom).



CLASSROOM INSTRUCTION

The substitute teacher is responsible for pupils, equipment and materials assigned to his/her care.

The substitute should not have the attitude that he/she is merely "baby-sitting" or "holding things together" while the teacher is out. Every effort should be made to carry on the regular work of the classroom.

The substitute should only arrange for parent conferences after consulting with the principal.

It is in the best interest of the substitute teacher to keep in close contact with the regular teacher. If the assignment is to be for more than one day, the substitute should contact the principal concerning the advisability of contacting the regular teacher.



The substitute teacher is obligated to complete one classroom assignment before starting another.

The substitute teacher should not assign written work and leave it to be graded, except by the request of the regular teacher. Any written work, which is beyond the lesson plans of the regular teacher, should be graded and left for him/her to

examine. (On long-term assignments, such work should be graded and recorded in the proper place unless otherwise directed.)

The substitute teacher should not enter grades in the grade book.

In addition to the general information given above, the substitute teacher should comply with all instructions given by the principal.

DISCIPLINE

The substitute teacher must never administer corporal punishment to any child. The use of corporal punishment in any form is cause for dismissal of the substitute.

The substitute teacher is expected to maintain a level of discipline in the classroom that is conducive to good learning. This can be accomplished by following the school's Student Management Plan. The substitute teacher should never leave the classroom unattended.



Firm, fair treatment of all pupils, combined with explicit explanation and direction, will preclude many disciplinary problems.

EXTRA DUTIES

The substitute teacher will be expected to fulfill all extra duties that have been assigned to the regular classroom teacher. These duties may include bus duty, lunch and hall duty, or other special duties assigned by the principal.

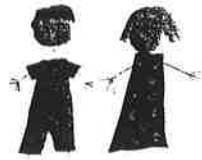
If necessary, the substitute should also attend faculty meetings or grade level meetings, in the place of the regular teacher.

HINTS FOR SUCCESSFUL CLASSROOM MANAGEMENT



DAILY ROUTINE

Students are likely to say: "This is not the way our teacher does it." Tell them at the beginning, "Don't worry if I don't do things exactly the way your teacher does." There is usually more than one good way to do things - and change might be fun for you!" (However, children often feel secure when they follow a routine, so try to follow the general time schedule and other basic routines.)



ACTIVITIES


In the primary grades it is usually helpful if you plan some fun "break time" activities. Some examples of these are finger plays, active songs, follow the leader exercises and "spell-downs" which are not only fun for them, but educational as well. You might also teach the class a new "good morning" song to start the day on a good note!



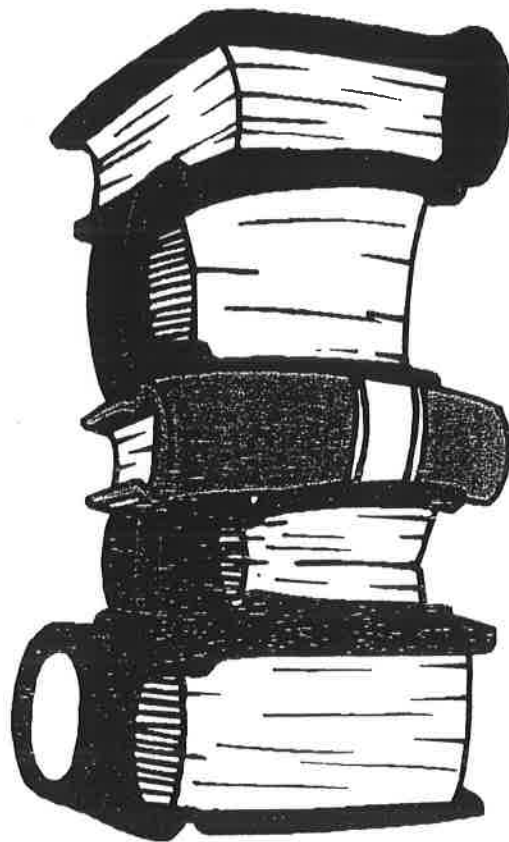
CLASSROOM MANAGEMENT

Pick out the "disruptive students" and have them help you - even the smallest task can sometimes put them on your side. Deal with the individual student not the group. Deal with problems "on the spot". Don't degrade the student in front of the class. Be sure to have all the facts and listen to both sides. Give the child the benefit of the doubt! (If a student is sent to the office, send a detailed note that explains not only the problem, but also the attempts to resolve it.)

Some other useful tips:

- SMILE!! 
- Start the day promptly, firmly and concisely.
- Be pleasant - but confident. You must command respect with your actions!
- Get the students busy at the beginning of the day - keep them busy.
- Show lots of enthusiasm.

- Know their names. (Have the children make nametags or other fun things to help you with name identification.
 - Remain calm and relaxed. Never "lose your cool".
-
- Be firm. Rather than issuing ultimatums, give the students a choice.
 - Compliment the classroom and inquire about things around the room.
 - Put things on their level. Involve the students.
 - Be positive! Give the students lots of praise or an appreciative smile.
 - Be aware of students' activities and stay involved. Do not read a book or leave the class.
 - **ALWAYS BE PATIENT!!**



SUBSTITUTE NURSE PROGRAM

GOAL: To meet the health needs of students and staff in a timely and professional manner in the absence of the regular school nurse.

GENERAL

The substitute nurse is expected to assess the health needs of students and staff in a professional manner. The substitute may contact parents regarding student's health concerns when deemed necessary. Any long-term health need should be referred to the regular nurse upon her return.

The substitute nurse is expected to accurately document clinic activity and recommendations made to the student and his/her parents.

The substitute nurse is not expected to do other health screenings such as Vision, Hearing, or Scoliosis.

The substitute nurse may be asked to do assigned tasks as indicated by the regular nurse.

NURSE'S LICENSE

The substitute nurse is responsible for keeping his/her license current with the Substitute Office.



SUBSTITUTE EVALUATIONS

SUBSTITUTE COMMENDATION/DEFICIENCY REPORT

The regular teacher's evaluation report of a substitute teacher's performance may be completed and returned to the principal's office.

The building principal will be responsible for evaluating the overall performance of the substitute. The principal may use the report submitted by the regular teacher to assist in this evaluation, or may choose to complete a separate evaluation.

Exceptional classroom performance may result in being placed on a school's "Priority" list. Unsatisfactory performance may result in being placed on a school's "Do Not Call" list.

SUBSTITUTE REPORT



Substitute teachers who wish to report information related to the assignment may do so by writing a note to the building principal. A copy may be sent to the Substitute Office for placement in the substitute's personnel file.

REMOVAL FROM THE SUBSTITUTE CALLING SYSTEM

A substitute may be removed from the Substitute Calling System as a result of any of the following situations:



- Multiple schools reporting that they are displeased with the performance of the substitute;
- Any single incident detected to be inappropriate in carrying out the substitute's responsibilities
- Multiple cancellations by the substitute on the day of the assigned jobs; or
- Non-acceptance of an assignment within a 4-month period.