LONE OAK ISD—SUBSTITUTE LETTER OF REASONABLE ASSURANCE

On behalf of the Lone Oak ISD, thank you for your time and dedication to our students and staff. This letter provides notice of reasonable assurance of continued employment with the Lone Oak ISD when each school term resumes after a school break. By virtue of this notice, please understand that you may not be 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 break. 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 (e.g. lack of school funding, natural disasters, court order, public insurrections, war, etc.)

Nothing contained herein construes an employment contract. Your continued employment with Lone Oak ISD 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 inpermissible reasons. "At-will" employees are free to resign at any time for any reason or for no reason. Written notice is appreciated.

Please note that substitute work by nature is sporadic and uncertain and hours are not guaranteed. The district's need for substitutes varies from week to week. In some weeks, you may not receive any assignments. Similary, the district understands that some weeks you may not be able to accept assignments due to illness or other personal reason.

You may be removed from the district's substitute roster for poor performance or misconduct. In addition, you may be removed from the substitute roster if:

- You repeatedly turn down assignments, are repeatedly unavailable for calls, or frequently cancel assigned positions.
- You do not accept at least 10 assignments per year.
- You fail to return this letter by the date listed below.

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Please complete the following information and return the original copy of this letter to Jan DeWitt, at the Administration Office.

Failure to sign and return by this date will be viewed as a voluntary resignation.

______________________________ Name (Print)	______________________________ Date
______________________________ Signature	______________________________ Social Security Number
______________________________ Address	______________________________ Telephone Number
______________________________ City, State Zip Code	

Please circle one or all of the campuses that you are interested in subbing:
Elementary Middle School High School College St Cafeteria

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