



# TEXARKANA

Independent School District

## SUBSTITUTE NEW HIRE CHECKLIST

**WELCOME TO THE TIGER FAMILY!**

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Location: \_\_\_\_\_

***Please help us to ensure that your Substitute Teacher New Hire requirements are met:***

- ☐ Interview
- ☐ Orientation
- ☐ Substitute Teacher Job Description
- ☐ Transcripts (*H.S. Diploma/GED supplied*)
- ☐ Licenses & Certifications (*copy of any licenses or certifications*)
- ☐ Substitute Teacher Information Form
- ☐ Personnel Directory & Emergency Contact Information
- ☐ I-9 Employment Eligibility Verification
  - ◆ Must include copies of appropriate I.D. (*i.e. DL & SSC or any acceptable documents*)
  - ◆ See I-9 list for options
- ☐ W-4 – Employees Withholding Allowance Certificate
- ☐ Texas Education Agency Public School Student/Staff Ethnicity and Race Data Questionnaire
- ☐ Substitute Teacher Handbook Receipt Form
- ☐ Drug-Free Workplace
- ☐ Reasonable Assurance Letter
- ☐ Authorization For Release/Closure of Personal Information
- ☐ Training Acknowledgment
- ☐ Basic Information About Health Care
- ☐ Payroll Dates
- ☐ School Calendar
- ☐ AESOP System Login
- ☐ Visiting Teacher ID Badge
- ☐ District Parking Pass

***For Read Only: Link to I-9 Employment Eligibility Verification (complete packet)***  
*[https://www.uscis.gov/system/files\\_force/files/form/i-9-paper-version.pdf](https://www.uscis.gov/system/files_force/files/form/i-9-paper-version.pdf)*

# Substitute Teacher

**Employee Name (Print):** \_\_\_\_\_

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**Reports To:** Principal/Administration Office

**Wage/Hour Status:** Nonexempt

**Date Revised:** January 2013

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**This job description reflects management's assignment of essential functions; it does not prescribe or restrict the tasks that may be assigned.**

## **PRIMARY PURPOSE:**

Responsible for carrying out the absent teacher's prepared lesson plans. During a prolonged absence as defined by board policy, the substitute is responsible for performing all essential functions identified in the absent teacher's job description. *Note:* Duties require traveling to various buildings throughout the district as scheduled. Substitutes are required to stay for the entire workday.

## **QUALIFICATIONS:**

### **Education/Certification:**

High School Diploma or GED

Bachelor's Degree, Master's Degree or valid teaching certificate preferred

### **Special Knowledge/Skills:**

Ability to work well with children

Ability to maintain effective classroom management

Effective organizational, communication, and interpersonal skills

Ability to follow verbal and written instructions

Patient and calm demeanor with students and others

Basic academic skills

### **Experience:**

Some experience working with children in an instructional setting

## **SPECIAL REQUIREMENTS**

Candidate must attend an orientation/training session

Candidate must agree to authorize Texarkana Independent School District to conduct a Criminal History Search/fingerprinting

Candidate must possess good moral character

## **MAJOR RESPONSIBILITIES AND DUTIES:**

1. Maintains and respects confidentiality of student and school personnel information;
2. Maintains a discipline and classroom control that fosters a safe and positive environment for all students and staff in accordance with district policies;
3. Maintains as fully as possible the established routines and procedures of the school and classroom to which assigned,
4. Performs all extra duties for the absent teacher as required by the building principal,
5. Ensures the adequate supervision to assure health, welfare, and safety of all students;
6. Reports to office upon arrival at school; requests clarification of school rules and procedures, if necessary;
7. Reports all student injuries, accidents, illnesses, and discipline problems to the appropriate authority immediately or as soon as is reasonably possible;

8. Implements lesson plans as outlined by the absent teacher, while ensuring the integrity of academic time and in a manner which motivates students to learn and participate;
9. Completes a Substitute Teacher Report Form for the regular classroom teacher;
10. Collects and places students' papers in regular teacher's desk;
11. Returns instructional materials, equipment, and keys to proper place;
12. Determines if his/her services will be required for the next school day;
13. Complies with and supports school and division regulations and policies;
14. Models non-discriminatory practices in all activities;
15. Performs other related duties as assigned by building administrator(s) in accordance with school/division policies and practices,
16. Does not leave students unsupervised,
17. Maintains an acceptable attendance record and is punctual,
18. Accepts personal responsibility for decisions and conduct.

**WORKING CONDITIONS:**

**The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations will be made if necessary:**

**Mental Demands:**

Reading; ability to communicate effectively (verbal and written), maintain emotional control under stress, maintain a clear focus on customer service; ability to manage others in a non-coercive manner,

**Physical Demands:**

Duties performed typically in school settings to include: classrooms, gymnasium, cafeteria, auditorium, and recreational areas. Frequent walking, standing, stooping, lifting, up to approximately 30 pounds and occasional lifting of equipment and/or materials weighing up to 40 pounds may be required. Other physical activities may be required. Occasional travel with students on field trips may be necessary. The worker is subject to inside and outside environmental conditions, noise and hazards. Occasional movement of students by wheelchairs and other mechanical devices may be required. Regular Instruction to special needs children may be necessary. Daily personal and close contact with children to provide classroom management and learning environment support is required on assigned days. Regular contact with other staff members and building administrator(s) is required on assigned days as a substitute.

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The foregoing statements describe the general purpose and responsibilities assigned to this job, and are not an exhaustive list of all responsibilities, duties and skills that may be required.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date



# TEXARKANA

Independent School District

## PERSONNEL DIRECTORY & EMERGENCY CONTACT INFORMATION

Please list your personal information below. This information will be kept on file with Human Resources Office. ***This is for Texarkana ISD's use only.***

If your address changes after completion of this form, please complete a Personal Data Change Form. This can be found on the Staff Resources section of our website - ***www.txkisd.net*** - or contact the Human Resources Office at 903.794.8473 ext. 1012.

**PLEASE PRINT CLEARLY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Campus/Department: \_\_\_\_\_ Position: \_\_\_\_\_ Extension: \_\_\_\_\_

Cell Number: (     ) \_\_\_\_\_ Home Phone Number: (     ) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Please list two people to contact in case of Emergency:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact Number: (     ) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact Number: (     ) \_\_\_\_\_

### **Can the following information be released or published to TISD employees only?**

Address ..... ☐ Yes ☐ No

Home Phone ..... ☐ Yes ☐ No

Cell Phone ..... ☐ Yes ☐ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)    | Other Last Names Used (if any) |   |          |
| Address (Street Number and Name)  |                             |  | Apt. Number (if any)     | City or Town               |                                | State   | ZIP Code |
| Date of Birth (mm/dd/yyyy)  | U.S. Social Security Number |  | Employee's Email Address |                            |                                | Employee's Telephone Number                     |          |
| <b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b> |                             | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):          |                          |                            |                                |   |          |
|   |                             | <input type="checkbox"/> 1. A citizen of the United States   |                          |                            |                                |   |          |
|   |                             | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)   |                          |                            |                                |   |          |
|   |                             | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)   |                          |                            |                                |   |          |
|   |                             | <input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any) |                          |                            |                                |   |          |
|   |                             | If you check <b>Item Number 4.</b> , enter one of these:   |                          |                            |                                |   |          |
|   |                             | USCIS A-Number   | OR                       | Form I-94 Admission Number | OR                             | Foreign Passport Number and Country of Issuance |          |
| Signature of Employee   |                             |  |                          |                            | Today's Date (mm/dd/yyyy)      |   |          |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| List A  |  | OR  | List B   | AND | List C                                |
|---|--|---|--|-----|---------------------------------------|
| Document Title 1  |  |   |  |     |                                       |
| Issuing Authority   |  |   |  |     |                                       |
| Document Number (if any)  |  |   |  |     |                                       |
| Expiration Date (if any)  |  |   |  |     |                                       |
| Document Title 2 (if any)   |  | <b>Additional Information</b>   |  |     |                                       |
| Issuing Authority   |  |   |  |     |                                       |
| Document Number (if any)  |  |   |  |     |                                       |
| Expiration Date (if any)  |  |   |  |     |                                       |
| Document Title 3 (if any)   |  |   |  |     |                                       |
| Issuing Authority   |  | Check here if you used an alternative procedure authorized by DHS to examine documents. |  |     |                                       |
| Document Number (if any)  |  |   |  |     |                                       |
| Expiration Date (if any)  |  |   |  |     |                                       |
| <b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States. |  |   |  |     | First Day of Employment (mm/dd/yyyy): |
| Last Name, First Name and Title of Employer or Authorized Representative  |  |   | Signature of Employer or Authorized Representative                         |     | Today's Date (mm/dd/yyyy)             |
| Employer's Business or Organization Name  |  |   | Employer's Business or Organization Address, City or Town, State, ZIP Code |     |                                       |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

| LIST A<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity   | AND<br>LIST C<br>Documents that Establish Employment Authorization  |
|---|----|---|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol> |    | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-top: 10px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol> |

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

|  |    |   |   |
|--|----|---|---|
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul> | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p> | <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p> |
|--|----|---|---|

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

|  |  |   |
|--|--|---|
| Last Name ( <i>Family Name</i> ) from <b>Section 1</b> . | First Name ( <i>Given Name</i> ) from <b>Section 1</b> . | Middle initial (if any) from <b>Section 1</b> . |
|--|--|---|

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**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       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**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       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**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       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

|  |  |   |
|--|--|---|
| Last Name ( <i>Family Name</i> ) from <b>Section 1</b> . | First Name ( <i>Given Name</i> ) from <b>Section 1</b> . | Middle initial (if any) from <b>Section 1</b> . |
|--|--|---|

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

|  |  |   |                |
|--|--|---|----------------|
| Date of Rehire ( <i>if applicable</i> )  | New Name ( <i>if applicable</i> )                  |   |                |
| Date ( <i>mm/dd/yyyy</i> )   | Last Name ( <i>Family Name</i> )                   | First Name ( <i>Given Name</i> )  | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.   |  |   |                |
| Document Title   | Document Number (if any)                           | Expiration Date (if any) ( <i>mm/dd/yyyy</i> )  |                |
| <b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |  |   |                |
| Name of Employer or Authorized Representative  | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> )  |                |
| Additional Information (Initial and date each notation.)   |  | Check here if you used an alternative procedure authorized by DHS to examine documents. |                |

|  |  |   |                |
|--|--|---|----------------|
| Date of Rehire ( <i>if applicable</i> )  | New Name ( <i>if applicable</i> )                  |   |                |
| Date ( <i>mm/dd/yyyy</i> )   | Last Name ( <i>Family Name</i> )                   | First Name ( <i>Given Name</i> )  | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.   |  |   |                |
| Document Title   | Document Number (if any)                           | Expiration Date (if any) ( <i>mm/dd/yyyy</i> )  |                |
| <b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |  |   |                |
| Name of Employer or Authorized Representative  | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> )  |                |
| Additional Information (Initial and date each notation.)   |  | Check here if you used an alternative procedure authorized by DHS to examine documents. |                |

|  |  |   |                |
|--|--|---|----------------|
| Date of Rehire ( <i>if applicable</i> )  | New Name ( <i>if applicable</i> )                  |   |                |
| Date ( <i>mm/dd/yyyy</i> )   | Last Name ( <i>Family Name</i> )                   | First Name ( <i>Given Name</i> )  | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.   |  |   |                |
| Document Title   | Document Number (if any)                           | Expiration Date (if any) ( <i>mm/dd/yyyy</i> )  |                |
| <b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |  |   |                |
| Name of Employer or Authorized Representative  | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> )  |                |
| Additional Information (Initial and date each notation.)   |  | Check here if you used an alternative procedure authorized by DHS to examine documents. |                |



**Employee's Withholding Certificate**

OMB No. 1545-0074

**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.****2025****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 <a href="http://www.ssa.gov">www.ssa.gov</a> . |
| City or town, state, and ZIP code   |           |   |
| (c) <input type="checkbox"/> Single or Married filing separately  |           |   |
| <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse  |           |   |
| <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.) |           |   |

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**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.)

|  |  |             |    |
|--|--|-------------|----|
| <b>Step 3:</b><br><b>Claim</b><br><b>Dependent</b><br><b>and Other</b><br><b>Credits</b> | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):<br>Multiply the number of qualifying children under age 17 by \$2,000 \$ _____<br>Multiply the number of other dependents by \$500 . . . . . \$ _____<br>Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . | <b>3</b>    | \$ |
| <b>Step 4</b><br><b>(optional):</b><br><b>Other</b><br><b>Adjustments</b>                | (a) <b>Other income (not from jobs).</b> 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 . . . . .  | <b>4(a)</b> | \$ |
|  | (b) <b>Deductions.</b> 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 . . . . .   | <b>4(b)</b> | \$ |
|  | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .  | <b>4(c)</b> | \$ |

**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)

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**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](http://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 2025 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: 

|   |  |
|---|--|
| { | • \$30,000 if you're married filing jointly or a qualifying surviving spouse |
|   | • \$22,500 if you're head of household                                       |
|   | • \$15,000 if you're single or married filing separately                     |

 . . . . . **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 territories 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.

**Married Filing Jointly or Qualifying Surviving Spouse**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|  | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999  | \$0   | \$0                  | \$700                | \$850                | \$910                | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,020                | \$1,020                |
| \$10,000 - 19,999                                    | 0   | 700                  | 1,700                | 1,910                | 2,110                | 2,220                | 2,220                | 2,220                | 2,220                | 2,220                | 2,220                  | 3,220                  |
| \$20,000 - 29,999                                    | 700   | 1,700                | 2,760                | 3,110                | 3,310                | 3,420                | 3,420                | 3,420                | 3,420                | 3,420                | 4,420                  | 5,420                  |
| \$30,000 - 39,999                                    | 850   | 1,910                | 3,110                | 3,460                | 3,660                | 3,770                | 3,770                | 3,770                | 3,770                | 4,770                | 5,770                  | 6,770                  |
| \$40,000 - 49,999                                    | 910   | 2,110                | 3,310                | 3,660                | 3,860                | 3,970                | 3,970                | 3,970                | 4,970                | 5,970                | 6,970                  | 7,970                  |
| \$50,000 - 59,999                                    | 1,020   | 2,220                | 3,420                | 3,770                | 3,970                | 4,080                | 4,080                | 5,080                | 6,080                | 7,080                | 8,080                  | 9,080                  |
| \$60,000 - 69,999                                    | 1,020   | 2,220                | 3,420                | 3,770                | 3,970                | 4,080                | 5,080                | 6,080                | 7,080                | 8,080                | 9,080                  | 10,080                 |
| \$70,000 - 79,999                                    | 1,020   | 2,220                | 3,420                | 3,770                | 3,970                | 5,080                | 6,080                | 7,080                | 8,080                | 9,080                | 10,080                 | 11,080                 |
| \$80,000 - 99,999                                    | 1,020   | 2,220                | 3,420                | 4,620                | 5,820                | 6,930                | 7,930                | 8,930                | 9,930                | 10,930               | 11,930                 | 12,930                 |
| \$100,000 - 149,999                                  | 1,870   | 4,070                | 6,270                | 7,620                | 8,820                | 9,930                | 10,930               | 11,930               | 12,930               | 14,010               | 15,210                 | 16,410                 |
| \$150,000 - 239,999                                  | 1,870   | 4,240                | 6,640                | 8,190                | 9,590                | 10,890               | 12,090               | 13,290               | 14,490               | 15,690               | 16,890                 | 18,090                 |
| \$240,000 - 259,999                                  | 2,040   | 4,440                | 6,840                | 8,390                | 9,790                | 11,100               | 12,300               | 13,500               | 14,700               | 15,900               | 17,100                 | 18,300                 |
| \$260,000 - 279,999                                  | 2,040   | 4,440                | 6,840                | 8,390                | 9,790                | 11,100               | 12,300               | 13,500               | 14,700               | 15,900               | 17,100                 | 18,300                 |
| \$280,000 - 299,999                                  | 2,040   | 4,440                | 6,840                | 8,390                | 9,790                | 11,100               | 12,300               | 13,500               | 14,700               | 15,900               | 17,100                 | 18,300                 |
| \$300,000 - 319,999                                  | 2,040   | 4,440                | 6,840                | 8,390                | 9,790                | 11,100               | 12,300               | 13,500               | 14,700               | 15,900               | 17,170                 | 19,170                 |
| \$320,000 - 364,999                                  | 2,040   | 4,440                | 6,840                | 8,390                | 9,790                | 11,100               | 12,470               | 14,470               | 16,470               | 18,470               | 20,470                 | 22,470                 |
| \$365,000 - 524,999                                  | 2,790   | 6,290                | 9,790                | 12,440               | 14,940               | 17,350               | 19,650               | 21,950               | 24,250               | 26,550               | 28,850                 | 31,150                 |
| \$525,000 and over                                   | 3,140   | 6,840                | 10,540               | 13,390               | 16,090               | 18,700               | 21,200               | 23,700               | 26,200               | 28,700               | 31,200                 | 33,700                 |

**Single or Married Filing Separately**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|  | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999  | \$200   | \$850                | \$1,020              | \$1,020              | \$1,020              | \$1,370              | \$1,870              | \$1,870              | \$1,870              | \$1,870              | \$1,870                | \$2,040                |
| \$10,000 - 19,999                                    | 850   | 1,700                | 1,870                | 1,870                | 2,220                | 3,220                | 3,720                | 3,720                | 3,720                | 3,720                | 3,890                  | 4,090                  |
| \$20,000 - 29,999                                    | 1,020   | 1,870                | 2,040                | 2,390                | 3,390                | 4,390                | 4,890                | 4,890                | 4,890                | 5,060                | 5,260                  | 5,460                  |
| \$30,000 - 39,999                                    | 1,020   | 1,870                | 2,390                | 3,390                | 4,390                | 5,390                | 5,890                | 5,890                | 6,060                | 6,260                | 6,460                  | 6,660                  |
| \$40,000 - 59,999                                    | 1,220   | 3,070                | 4,240                | 5,240                | 6,240                | 7,240                | 7,880                | 8,080                | 8,280                | 8,480                | 8,680                  | 8,880                  |
| \$60,000 - 79,999                                    | 1,870   | 3,720                | 4,890                | 5,890                | 7,030                | 8,230                | 8,930                | 9,130                | 9,330                | 9,530                | 9,730                  | 9,930                  |
| \$80,000 - 99,999                                    | 1,870   | 3,720                | 5,030                | 6,230                | 7,430                | 8,630                | 9,330                | 9,530                | 9,730                | 9,930                | 10,130                 | 10,580                 |
| \$100,000 - 124,999                                  | 2,040   | 4,090                | 5,460                | 6,660                | 7,860                | 9,060                | 9,760                | 9,960                | 10,160               | 10,950               | 11,950                 | 12,950                 |
| \$125,000 - 149,999                                  | 2,040   | 4,090                | 5,460                | 6,660                | 7,860                | 9,060                | 9,950                | 10,950               | 11,950               | 12,950               | 13,950                 | 14,950                 |
| \$150,000 - 174,999                                  | 2,040   | 4,090                | 5,460                | 6,660                | 8,450                | 10,450               | 11,950               | 12,950               | 13,950               | 15,080               | 16,380                 | 17,680                 |
| \$175,000 - 199,999                                  | 2,040   | 4,290                | 6,450                | 8,450                | 10,450               | 12,450               | 13,950               | 15,230               | 16,530               | 17,830               | 19,130                 | 20,430                 |
| \$200,000 - 249,999                                  | 2,720   | 5,570                | 7,900                | 10,200               | 12,500               | 14,800               | 16,600               | 17,900               | 19,200               | 20,500               | 21,800                 | 23,100                 |
| \$250,000 - 399,999                                  | 2,970   | 6,120                | 8,590                | 10,890               | 13,190               | 15,490               | 17,290               | 18,590               | 19,890               | 21,190               | 22,490                 | 23,790                 |
| \$400,000 - 449,999                                  | 2,970   | 6,120                | 8,590                | 10,890               | 13,190               | 15,490               | 17,290               | 18,590               | 19,890               | 21,190               | 22,490                 | 23,790                 |
| \$450,000 and over                                   | 3,140   | 6,490                | 9,160                | 11,660               | 14,160               | 16,660               | 18,660               | 20,160               | 21,660               | 23,160               | 24,660                 | 26,160                 |

**Head of Household**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|  | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999  | \$0   | \$450                | \$850                | \$1,000              | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,870              | \$1,870              | \$1,870                | \$1,890                |
| \$10,000 - 19,999                                    | 450   | 1,450                | 2,000                | 2,200                | 2,220                | 2,220                | 2,220                | 3,180                | 4,070                | 4,070                | 4,090                  | 4,290                  |
| \$20,000 - 29,999                                    | 850   | 2,000                | 2,600                | 2,800                | 2,820                | 2,820                | 3,780                | 4,780                | 5,670                | 5,690                | 5,890                  | 6,090                  |
| \$30,000 - 39,999                                    | 1,000   | 2,200                | 2,800                | 3,000                | 3,020                | 3,980                | 4,980                | 5,980                | 6,890                | 7,090                | 7,290                  | 7,490                  |
| \$40,000 - 59,999                                    | 1,020   | 2,220                | 2,820                | 3,830                | 4,850                | 5,850                | 6,850                | 8,050                | 9,130                | 9,330                | 9,530                  | 9,730                  |
| \$60,000 - 79,999                                    | 1,020   | 3,030                | 4,630                | 5,830                | 6,850                | 8,050                | 9,250                | 10,450               | 11,530               | 11,730               | 11,930                 | 12,130                 |
| \$80,000 - 99,999                                    | 1,870   | 4,070                | 5,670                | 7,060                | 8,280                | 9,480                | 10,680               | 11,880               | 12,970               | 13,170               | 13,370                 | 13,570                 |
| \$100,000 - 124,999                                  | 1,950   | 4,350                | 6,150                | 7,550                | 8,770                | 9,970                | 11,170               | 12,370               | 13,450               | 13,650               | 14,650                 | 15,650                 |
| \$125,000 - 149,999                                  | 2,040   | 4,440                | 6,240                | 7,640                | 8,860                | 10,060               | 11,260               | 12,860               | 14,740               | 15,740               | 16,740                 | 17,740                 |
| \$150,000 - 174,999                                  | 2,040   | 4,440                | 6,240                | 7,640                | 8,860                | 10,860               | 12,860               | 14,860               | 16,740               | 17,740               | 18,940                 | 20,240                 |
| \$175,000 - 199,999                                  | 2,040   | 4,440                | 6,640                | 8,840                | 10,860               | 12,860               | 14,860               | 16,910               | 19,090               | 20,390               | 21,690                 | 22,990                 |
| \$200,000 - 249,999                                  | 2,720   | 5,920                | 8,520                | 10,960               | 13,280               | 15,580               | 17,880               | 20,180               | 22,360               | 23,660               | 24,960                 | 26,260                 |
| \$250,000 - 449,999                                  | 2,970   | 6,470                | 9,370                | 11,870               | 14,190               | 16,490               | 18,790               | 21,090               | 23,280               | 24,580               | 25,880                 | 27,180                 |
| \$450,000 and over                                   | 3,140   | 6,840                | 9,940                | 12,640               | 15,160               | 17,660               | 20,160               | 22,660               | 25,050               | 26,550               | 28,050                 | 29,550                 |



# 5 REASONS WHY YOU SHOULD CHOOSE DIRECT DEPOSIT (and Pre-Paid Debit Cards)



1

## No Additional Fees

Direct Deposit is a free service offered to TISD Employees. Employees who have checking accounts or pre-paid debit cards can avoid paying fees to access their own money!



2

## Dependable Deposit Schedule

Employees who sign up for direct deposit do not have to worry about when they will be paid. Deposits are made the morning of payroll.



3

## No Physical Check To Lose

Losing your paycheck is a huge hassle, as it can take several weeks to replace. Direct Deposit eliminates that risk.



4

## Easy Access to A/P Reimbursements

Employees may also elect to have all mileage, meals and reimbursements direct deposited.



5

## Review Your Pay Online

With direct deposit, you can verify the accuracy of your pay stub the day before payday using our online Employee Access in Skyward.

**Direct Deposit offers you control  
of your hard earned money.**

**Texas Education Agency  
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race.  
*United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

**Part 2. Race: What is the person's race? (Choose one or more)**

- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Student/Staff Name (please print)

\_\_\_\_\_  
(Parent/Guardian)/(Staff) Signature

\_\_\_\_\_  
Student/Staff Identification Number

\_\_\_\_\_  
Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

\_\_\_\_\_ Hispanic / Latino

\_\_\_\_\_ Not Hispanic/Latino

Race – choose one or more:

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

Observer signature:

Campus and Date:



## **SUBSTITUTE TEACHER HANDBOOK RECEIPT**

Employee Name: \_\_\_\_\_ Campus/Dept.: \_\_\_\_\_

I hereby acknowledge I have been informed that I have computer access to the Texarkana ISD Employee Handbook, located on Texarkana ISD's home web page address at <http://www.txkisd.net/staff/>. I am also aware that I have access to a hard copy of the employee handbook located at the district administrative central office.

Employees have the option of receiving the handbook in electronic format or hard copy. Please indicate your choice by checking the appropriate selection below:

- ☐ I agree to read the handbook and abide by the standards, policies, and procedures defined or referenced in this document. The information in this handbook is subject to change. I understand that changes in district policies may supersede, modify, or eliminate the information summarized in this booklet. As the district provides updated policy information, I accept responsibility for reading and abiding by the changes.
- ☐ I understand that no modifications to contractual relationships or alterations of at-will employment relationships are intended by this handbook.
- ☐ I understand that I have an obligation to inform my supervisor or department head of any changes in personal information, such as phone number, address, etc. I also accept responsibility for contacting my supervisor or the TISD Human Resources Department if I have any questions, concerns, or need further explanation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGN AND DATE THIS FORM AND RETURN IT TO THE HUMAN RESOURCES DEPARTMENT.**

If you would like Human Resources to provide you with a hardcopy of the Employee Handbook, initial here \_\_\_\_\_ .



# TEXARKANA

Independent School District

## DRUG-FREE WORKPLACE


The Drug-Free Workplace Act of 1988 requires school districts receiving federal funds and regulations to establish rules and regulations providing a drug-free work environment for all employees. The law also requires that all employees must be made aware of these regulations. You are, therefore, requested to review the following information and sign in the space provided. This form will be placed in your personnel folder.

- (a) It will be unlawful for employees to manufacture, dispense, possess or use a controlled substance during working hours while employed with Texarkana Independent School District.
- (b) The district's drug-free awareness program will include the following:
  - (1) The dangers of drug abuse will be discussed by your supervisor in relationship to your job.
  - (2) The district has a policy of maintaining a drug-free workplace and has established rules and regulations to comply with the Drug-Free Workplace Act of 1988.
  - (3) In the event an employee or acquaintance needs counseling, rehabilitation or assistance, he may obtain information regarding these programs through the Director of Special Populations.
  - (4) The penalties for employees violating the drug-free workplace requirements are outlined below.
- (c) All employees in Texarkana Independent School District will be required to acknowledge awareness of the district's policy governing the drug-free workplace.
- (d) As a condition of employment, all employees will
  - (1) abide by the statement as outlined in paragraph (a), and
  - (2) notify the employer of any criminal drug statute conviction for violation occurring in the work-place no later than five days after such conviction.
- (e) Upon receipt of the notification from the employee, Texarkana Independent School District will notify the agency responsible for federal grants within a period of ten days.
- (f) Within thirty days after receiving notice under paragraph (d)(2) with respect to any employee who is so convicted, Texarkana Independent School District will
  - (1) take appropriate personnel action against such employee up to and including termination, or
  - (2) require such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.
- (g) Texarkana Independent School District will make a good faith effort to continue a drug-free work-place through implementation of the requirements established above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# TEXARKANA

Independent School District

## LETTER OF REASONABLE ASSURANCE

### 2024-2025 SCHOOL YEAR

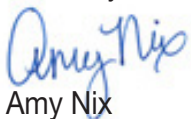
Dear TISD Employee:

This letter provides notice of reasonable assurance of continued employment with the district when each school term resumes after a scheduled school break. By virtue of this notice, please understand that you may not be eligible for unemployment insurance benefits drawn on school district wages during any scheduled school breaks including, but not limited to, the summer, winter, and spring breaks. This assurance is contingent upon 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 orders, public insurrections, war, etc.).

This is not an employment contract. Your continued employment is on an at-will basis. Employers may terminate at-will 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.

Sincerely,



Amy Nix  
Chief Human Resources Officer

---

Name (Print)

---

Employee #

---

Address

---

City, State, Zip

---

Employee ID Number

---

Telephone

---

Signature

---

Date



# TEXARKANA

Independent School District

## AUTHORIZATION FOR RELEASE/CLOSURE OF PERSONAL INFORMATION

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

The Texas Public Information Act allows employees, officials, and former employees and officials to elect whether to keep their personal information confidential. Unless you choose to keep it confidential, the following information may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate whether you wish to allow public release of the following information.

This form should be completed and signed by the employee no later than the 14th day after the date the employee begins employment, the public official is elected or appointed, or a former employee or official ends employment or service. An employee may submit a written request after these time periods, but the request will not apply to a records request made before the option was exercised.

### Allow Public Access to All Personal Information Listed Below:

- Home Address..... ☐NO ☐YES
- Personal E-mail Address ..... ☐NO ☐YES
- Home Phone Number..... ☐NO ☐YES
- Personal Cell Phone Number ..... ☐NO ☐YES
- Emergency Contact Information..... ☐NO ☐YES
- Information that reveals whether you have family members..... ☐NO ☐YES

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TEXARKANA

Independent School District

## TRAINING ACKNOWLEDGEMENT

I have attended Substitute Teacher Orientation for Texarkana ISD and was informed of the information listed below:

- 2024-2025 TISD Substitute Teacher Handbook
- Texarkana ISD's policies addressing the process for bringing a complaint about sexual harassment, the general standards of acceptable employment, and specific standards related to sexual harassment of employees and students, and
- Texarkana ISD's policies regarding electronic communication.

The training session explained the meaning of the policies and provided opportunities for questions about the policies and specific acceptable and unacceptable conduct.

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_



# TEXARKANA

Independent School District

## BASIC INFORMATION ABOUT HEALTH CARE OFFERED BY THE DISTRICT

If you decide to shop for coverage in the Marketplace, below is the employer information you will enter at HealthCare.gov to find out if you are eligible for a premium tax credit.

This information is numbered to correspond to the Marketplace application.

|  |                                |  |  |
|--|--------------------------------|--|--|
| <b>3. Employer name</b><br>Texarkana Independent School District                             |                                | <b>4. Employer Identification Number</b><br>(EIN) 75-6002579 |  |
| <b>5. Employer Address</b><br>4241 Summerhill Road   |                                | <b>6. Employer phone number</b><br>(903)794-3651             |  |
| <b>7. City Texarkana</b><br>Texarkana  | <b>8. State Texas</b><br>Texas | <b>9. Zip code 75503</b><br>75503                            |  |
| <b>10. Who can we contact about employee health coverage at this job?</b><br>Human Resources |                                |  |  |
| <b>11. Phone number (if different from above)</b><br>Extension 1009                          |                                | <b>12. Email address</b><br>Kalyn.Thomas@txkisd.net          |  |

The district offers health coverage through TRS-ActiveCare to all eligible employees and their eligible dependents. Eligibility is described in the ActiveCare Enrollment Guide. The coverage offered by ActiveCare meets the minimum value standard and the cost of this coverage to you is intended to be affordable.



# TEXARKANA

Independent School District

## PAYROLL DATES FOR 2024-2025

| PAYROLL MONTH | PAY DATES          |
|---------------|--------------------|
| JULY          | July 25, 2024      |
| AUGUST        | August 23, 2024    |
| SEPTEMBER     | September 25, 2024 |
| OCTOBER       | October 25, 2024   |
| NOVEMBER      | November 21, 2024  |
| DECEMBER      | December 19, 2024  |
| JANUARY       | January 24, 2025   |
| FEBRUARY      | February 25, 2025  |
| MARCH         | March 25, 2025     |
| APRIL         | April 25, 2025     |
| MAY           | May 23, 2025       |
| JUNE          | June 25, 2025      |



# TEXARKANA

Independent School District

## 2024-2025 School Calendar

### CAMPUS CONTACTS

**PAUL LAURENCE DUNBAR  
EARLY EDUCATION CENTER**  
Karen Brown, Principal  
903.794.8112

**HIGHLAND PARK  
ELEMENTARY SCHOOL**  
Audrey Shumate, Principal  
903.794.8001

**MARTHA AND JOSH MORRIS  
MATHEMATICS & ENGINEERING  
ELEMENTARY SCHOOL**  
Lauren Pilgreen, Principal  
903.791.2262

**NASH ELEMENTARY SCHOOL**  
Liliana Luna, Principal  
903.838.4321

**SPRING LAKE PARK  
ELEMENTARY SCHOOL**  
Audrey Shumate, Principal  
903.794.7525

**THERON JONES  
EARLY LITERACY CENTER**  
Melodie White, Principal  
903.793.4871

**WESTLAWN  
ELEMENTARY SCHOOL**  
Dr. Tabitha Dudley, Principal  
903.223.4252

**TEXAS MIDDLE SCHOOL**  
Julius Anderson, Principal  
903.793.5631

**TEXAS HIGH SCHOOL**  
Ben Renner, Principal  
903.794.3891

**OPTIONS  
EARLY GRADUATION  
HIGH SCHOOL**  
Amy Doss-Harrison, Principal  
903.793.5632

**GOREE ACADEMIC  
LEARNING CENTER**  
Sherry Nelson, Director  
DAEP 903.798.6888 ext. 6603  
TILC 903.798.6888 ext. 6601

### SPECIAL DATES

First Day of School ..... Aug 7  
Early Release/Parent Conference..... Sept 26  
Early Release Days.. Dec 19 & 20, May 22 & 23  
THS Graduation ..... May 22  
Last Day of School ..... May 23  
\*Bad Weather Day ..... May 27

\* If not used as Bad Weather Day,  
date will be considered a holiday.

### GRADING PERIODS

1st ..... Aug 7 - Sept 20 ..... (32 days)  
2nd ..... Sept 23 - Nov 1 ..... (28 days)  
3rd ..... Nov 4 - Dec 20 ..... (30 days)  
4th ..... Jan 8 - Feb 14 ..... (27 days)  
5th ..... Feb 24 - April 4 ..... (28 days)  
6th ..... April 14 - May 23 ..... (30 days)

### STATE TEST DATES

STAAR, December 3 - 13, 2024  
TELPAS, February 17 - March 28, 2025  
TELPAS Alternate, February 17 - March 28, 2025  
STAAR Alternate 2, March 17 - April 18, 2025  
STAAR, April 14 - May 2, 2025  
STAAR, June 17 - 27, 2025

### HOLIDAYS

Independence Day ..... July 1 - 5  
Labor Day ..... Sept 2  
Thanksgiving ..... Nov 25 - 29  
Christmas  
& New Year's Break ..... Dec 23 - Jan 3  
Martin Luther King, Jr. Day ..... Jan 20  
Winter Break ..... Feb 17 - 21  
Spring Break ..... April 7 - 11  
Memorial Day ..... May 26  
Juneteenth National  
Independence Day ..... June 19

### LEGEND

- Holiday
- ◆ Bad Weather Day
- ▲ Early Release/Parent Conference
- ▲ Early Release
- District Professional Development
- ▲ New Tiger Day Orientation  
Leader In Me Training
- Campus Professional Development
- Instructional Planning
- Summer Learning (ACE)
- ★ First Day/Last Day of Classes
- [ ] Beginning/End of Six Weeks
- S STAAR Testing Dates

# 2024

## JULY

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    | 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 |    |    |    |

## AUGUST

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    | 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 |

## SEPTEMBER

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
| 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 |    |    |    |    |    |

## OCTOBER

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    | 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 |    |    |

## NOVEMBER

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    | 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 |

## DECEMBER

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
| 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 |    |    |    |    |

# 2025

## JANUARY

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    | 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 |    |

## FEBRUARY

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 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 |    |

## MARCH

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 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 |    |    |    |    |    |

## APRIL

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    | 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

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    | 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

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
| 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 |    |    |    |    |    |



# TEXARKANA

Independent School District

## 2024-2025 180 Day School Calendar

### WAGGONER CREEK ELEMENTARY SCHOOL

Kasey Coggin, Ed.D., Principal  
903.255.3301

### WAKE VILLAGE ELEMENTARY SCHOOL

Andrew McCarter, Principal  
903.838.4261

### SPECIAL DATES

First Day of School ..... Aug 5  
Early Release/Parent Conference Sept 26  
Early Release Days ..... Aug 5 & 6,  
October 11, Dec 19 & 20, Jan 7,  
March 14, May 22 & 23  
THS Graduation ..... May 22  
Last Day of School ..... May 23  
\*Bad Weather Day ..... May 27

\* If not used as Bad Weather Day,  
date will be considered a holiday.

### GRADING PERIODS

1st ..... Aug 5 - Sept 20 ..... (34 days)  
2nd ..... Sept 23 - Nov 1 ..... (29 days)  
3rd ..... Nov 4 - Dec 20 ..... (30 days)  
4th ..... Jan 7 - Feb 14 ..... (28 days)  
5th ..... Feb 24 - April 4 ..... (29 days)  
6th ..... April 14 - May 23 ..... (30 days)

### STATE TEST DATES

STAAR, December 3 - 13, 2024  
TELPAS, February 17 - March 28, 2025  
TELPAS Alternate, February 17 - March 28, 2025  
STAAR Alternate 2, March 17 - April 18, 2025  
STAAR, April 14 - May 2, 2025  
STAAR, June 17 - 27, 2025

### HOLIDAYS

Independence Day ..... July 1 - 5  
Labor Day ..... Sept 2  
Thanksgiving ..... Nov 25 - 29  
Christmas  
& New Year's Break ..... Dec 23 - Jan 3  
Martin Luther King, Jr. Day ..... Jan 20  
Winter Break ..... Feb 17 - 21  
Spring Break ..... April 7 - 11  
Memorial Day ..... May 26  
Juneteenth National  
Independence Day ..... June 19

### LEGEND

- Holiday
- ◆ Bad Weather Day
- ▲ Early Release/Parent Conference
- ▲ Early Release
- District Professional Development
- ▲ New Tiger Day Orientation
- ▲ Leader In Me Training
- Campus Professional Development
- Instructional Planning
- Summer Learning (ACE)
- ★ First Day/Last Day of Classes
- [ ] Beginning/End of Six Weeks
- S STAAR Testing Dates

# 2024

## JULY

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    | 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 |    |    |    |

## AUGUST

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    | 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 |

## SEPTEMBER

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
| 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 |    |    |    |    |    |

## OCTOBER

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    | 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 |    |    |

## NOVEMBER

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    | 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 |

## DECEMBER

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
| 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 |    |    |    |    |

# 2025

## JANUARY

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    | 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 |    |

## FEBRUARY

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 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 |    |

## MARCH

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 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 |    |    |    |    |    |

## APRIL

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    | 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

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    | 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

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
| 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 |    |    |    |    |    |