

Position: Substitute Teacher

Name: _____

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Skyward |
| <input type="checkbox"/> | Uploaded to TEA |
| <input type="checkbox"/> | Fingerprinted |
| <input type="checkbox"/> | Substitute Training |
| <input type="checkbox"/> | Insurance Decline |
| <input type="checkbox"/> | Signed Handbook |
| <input type="checkbox"/> | Copies to Amy |

- ☐ Letter of Reasonable Assurance
- ☐ Personal Contact/Payroll Information
- ☐ W-4
- ☐ Ethnicity
- ☐ Direct Deposit
- ☐ I-9 (Employment Eligibility Verification)
- ☐ Criminal History Record Addendum
- ☐ Student Confidentiality
- ☐ Drug Free Acknowledgement Form
- ☐ Social Security Statement
- ☐ Personnel Data Form
- ☐ Job Description

Important information that must be returned with this packet:

- ☐ Drivers License
- ☐ Social Security Card
- ☐ Voided Check

Paperwork given to Business Office _____

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.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying 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.)		

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.

Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). 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 <input type="checkbox"/>
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Complete Steps 3-4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

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

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address Bullard Independent School District PO Box 250 Bullard, TX 75757	First date of employment	Employer identification number (EIN) 75-6000292

**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

Date

Student/Staff Identification Number

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:

Bullard Independent School District
1426 B South Houston Street
Bullard, TX 75757
Phone: 903-894-6639
Fax: 903-894-9291

DIRECT DEPOSIT ENROLLMENT FORM

Direct deposit allows the employee to automatically deposit their payroll check to the financial institution of their choice electronically. The money will be deposited into your account on the same date that you would normally receive your paycheck. The employee can view a voucher in lieu of a paycheck in TruTime (substitutes will receive a voucher in the mail). All information printed on a regular check stub will appear on the voucher (this includes wages, deductions, and sick leave balances). Please complete the information below and return this form with a voided check to Stephanie Yates in the BISD Administration office.

***PLEASE PRINT ALL INFORMATION**

Employee Name: _____

Social Security Number: _____

Bank Name: _____

Bank's Address: _____

City, State & Zip _____

Bank's Phone Number: _____

Routing Number: _____

(This number is preprinted at the bottom of your check in the left corner.)

Account Number: _____

This is a (circle one): **Checking** **Savings**

Month/year to begin direct deposit _____

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										
<div><div>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.</div><div>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 Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) If you check Item Number 4., enter one of these: <table border="1"><tr><td>USCIS A-Number</td><td>OR</td><td>Form I-94 Admission Number</td><td>OR</td><td>Foreign Passport Number and Country of Issuance</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table></div></div>							USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance					
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)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					

Certification: 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):
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Last Name, First Name and Title of Employer or Authorized Representative Luscombe, Laura HR Secretary		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name Bullard ISD		Employer's Business or Organization Address, City or Town, State, ZIP Code 1426B South Houston, Bullard, Texas, 75757	

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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) 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"> Foreign passport; and Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> The same name as the passport; and 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. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 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 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 School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 		<ol style="list-style-type: none"> A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.
<p style="text-align: center;">Acceptable Receipts</p> <p style="text-align: center;">May be presented in lieu of a document listed above for a temporary period.</p> <p style="text-align: center;">For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List A document. Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

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

BULLARD INDEPENDENT SCHOOL DISTRICT

VOLUNTEER FORM

Criminal History Record Information Addendum

Confidential

The Bullard Independent School District is required by the Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print

Full Name: _____
Last First Middle (Maiden)

Mailing Address: _____
City State Zip

Date of Birth: _____ Driver License #: _____ State _____
(copy required)

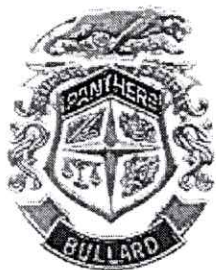
Gender: Male ☐ Female ☐ Social Security #: _____

Ethnicity: ☐ Black
☐ White
☐ Hispanic
☐ Other _____

I understand the information I am providing about age, sex and ethnicity will not be used to determine eligibility for employment, but will be used **solely** for the purpose of obtaining criminal history record information.

Signature Date

Phone Number



Bullard Independent School District

Excellence Through Education

1426B South Houston
Bullard, TX 75757

Phone (903) 894-6639
Fax (903) 894-9291

I, _____ as substitute teacher for Bullard Independent School District, agree to keep student information confidential.

Signature

Date

DRUG-FREE SCHOOLS AND DRUG-FREE WORKPLACE REQUIREMENTS

The district prohibits the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, illicit drug, and alcohol, as those terms are defined in state and federal law, in the workplace, on school premises, or as part of the district's activities.

Employees who violate this prohibition shall be subject to disciplinary sanctions. Such sanctions may include referral to drug and alcohol counseling, or rehabilitation programs or employee assistance programs, termination from employment with the district, and referral to appropriate law enforcement officials for prosecution. * Information on available rehabilitation or employee assistance programs and contacts shall be posted throughout the workplace.

Compliance with these requirements and prohibitions is mandatory and is a condition of employment. As a further condition of employment, an employee shall notify the superintendent's receiving notice from any source of a conviction for any drug statute violation occurring in the workplace, the superintendent of designee shall either (1) take appropriate personnel action against the employee, up to and including termination of employment or referral for prosecution of (2) require the employee to participate satisfactorily in a drug and alcohol abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health agency, law enforcement agency, or other appropriate agency. The cost of any such program shall be borne by the employee.

(This notice complies with notice requirements imposed by the federal Drug-Free Workplace Act [20 U.S.C. 3471, 1221e-3(a)(1) and 34 CFR 85.630]; notice requirements imposed by the federal Drug-Free Schools and Communities Act Amendments of 1989 [20U.S.C. 3224a and 34 CFR 86.201]; and notice requirements imposed by the Texas Workers' Compensation Commission rules at 28 TAC 169.2)

I, _____ on
(date)_____/_____/_____ have read the above and have received a copy for my personal use.

*Information may be obtained in the teacher's lounges or from the administration office.

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

Employee Name	_____	Employee ID#	_____
Employer Name	Bullard ISD	Employer ID#	75-6000292

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

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

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

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

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ **Date** _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



BULLARD ISD PERSONNEL DATA FORM

Please complete the following information to update your personnel record.

Name: _____

Mailing Address: _____

City, State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Driver's License Number & State: _____

Campus: _____ Grade/Subject/Position: _____

Personal E-mail: _____

In Case of Emergency Contact:

Name: _____ Phone Number: _____

Public Access Information Election:

The Texas Public Information Act allows employees to elect whether to keep certain information confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Please indicate whether you wish to allow public release of the following information.

	Public Access?	
Home Address	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Personal E-mail Address	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Home Phone Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Personal Cell Phone Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Social Security Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Information that reveals whether you have family members	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Signature: _____ Date: _____

Job Title: Substitute Teacher

Exemption Status/Test: Exempt/Professional

Reports to: Principal

Date Revised: 11/10/2022

Dept./School: Assigned Campus

Primary Purpose:

Provide students with appropriate learning activities, instruction, and supervision by implementing the lesson plans as directed by the absent teacher, principal, or other responsible staff.

Qualifications:

Education/Certification:

High school diploma/GED

Some college hours, or associate degree (preferred)

Special Knowledge/Skills:

Knowledge of core academic subject assigned

Knowledge of curriculum and instruction

Ability to instruct students and manage their behavior

Strong organizational, communication, and interpersonal skills

Experience:

Experience managing groups of students and providing instruction, or related work experience

Major Responsibilities and Duties:

Instructional Strategies

1. Implement lesson plans and instructional activities provided by the absent teacher or designated staff.
2. Use appropriate instructional and learning strategies, activities, materials, equipment, and technology that reflect understanding of the learning styles and needs of students assigned and present subject matter according to the lesson plans.
3. Work cooperatively with teachers to modify curriculum for students as needed or noted in lesson plans.

Student Growth and Development

4. Be a positive role model for students; support mission of campus and school district.

Classroom Management and Organization

5. Submit attendance reports.

6. Implement a classroom environment conducive to learning and appropriate for the physical, social, and emotional development of students.
7. Manage student behavior in accordance with the lesson plans, Student Code of Conduct, and student handbook.
8. Supervise students at all times.
9. Take all necessary and reasonable precautions to protect students, equipment, materials, and facilities.
10. Maintain a clean and orderly classroom and follow the classroom and school procedures as directed by the school.
11. Leave notes or complete the approved substitute teacher report form at the end of the teaching day.
12. Report any accidents or incidents.

Communication

13. Communicate in a friendly and positive manner towards students, parents, staff, and administrators.

Professional Growth and Development

14. Participate in substitute training and activities to improve job-related skills.
15. Comply with all state, district, and school regulations and policies for teachers.

Other

16. Follow district safety protocols and emergency procedures.

Supervisory Responsibilities:

Direct the work of assigned instructional aide(s) if applicable.

Mental Demands/Physical Demands/Environmental Factors:

Tools/Equipment Used: Personal computer and peripherals; standard instructional equipment; [P.E. teachers: automated external defibrillator (AED)]

Posture: Prolonged standing; frequent kneeling/squatting, bending/stooping, pushing/pulling, and twisting

Motion: Frequent walking

Lifting: Regular light lifting and carrying (less than 15 pounds); may lift and move textbooks and classroom equipment

Environment: Work inside, may work outside; regular exposure to noise



Mental Demands: Maintain emotional control under stress; work prolonged or irregular hours

This document describes the general purpose and responsibilities assigned to this job and is not an exhaustive list of all responsibilities and duties that may be assigned or skills that may be required.

Employee Signature: _____

Date _____

