

SUBSTITUTE APPLICANTS – PAPERWORK THAT NEEDS TO BE RETURNED

Name: _____ Date: _____

The following items are records needed by the superintendent's office to complete your substitute file. It is essential that all required documentation be returned in order to place you on the Substitute list.

- _____ Application
- _____ Copy of Driver's License and Social Security Card
- _____ Copies of Transcripts – Substitutes with a Bachelor's degree are paid more, but we must have the transcripts or you will remain on the regular scale.
- _____ Teacher Certification if applicable
- _____ Criminal History Record Information Request
- _____ W-4 Form
- _____ Form I-9 Employment Eligibility Verification
- _____ Form SSA-1945: Statement Concerning Your Employment in a Job not covered by Social Security
- _____ National Life Insurance Company FICA Alternative Retirement Plan
- _____ Staff Ethnicity and Race Data Questionnaire
- _____ DPS Criminal History Verification
- _____ Pre-Employment Affidavit for Applicant
- _____ Substitute Reasonable Assurance Form
- _____ TRS Enrollment, Change and Declination Form
- _____ Emergency Contact Information
- _____ Substitute Handbook Agreement Form
- _____ Payroll Direct Deposit Enrollment Form –
**We must have a VOIDED CHECK or BANK VERIFICATION
- _____ Substitute Interview Form
- _____ Bus Driver Certification Card if applicable
- _____ Bus Driver Application Addendum

Union Grove ISD – Substitutes

The following packet includes all the information on how to become a substitute at Union Grove ISD.

If you have not been fingerprinted with the Texas Education Agency, you will be required to do so before you may begin substituting at UGISD. The cost of fingerprinting must be paid by the individual. Once you are fingerprinted, you will be covered for any school district in Texas. The Cost is \$45.70

UGISD will need the following documents for fingerprinting:

Copies of: Texas Driver's License and Social Security Card

Substitutes are paid on the 25th of the month, and paychecks run one month behind the work schedule.

The Interview Summary Form will need to be taken to one of the campus secretaries. You will need to interview with them after you have been fingerprinted. Also please keep the Substitute Handbook for your records. If you have your Bachelor's degree, or teaching degree, please submit copies with your application.

If you have any questions regarding becoming a substitute, please call Terri Woodfin at the Administration Office: 903-845-5509

*An Equal Opportunity Employer**

Date of application _____			
Personal Data	Name _____ <i>Last First Middle initial</i>		
	Mailing address _____ <i>Street/Box City State ZIP Code</i>		
	E-mail address _____		
	Home phone _____ Cell phone _____ Other phone _____		
	Other name that may appear on records _____ <i>(Used for certification, reference, and criminal history record checks)</i>		
Position Data	List the position(s) for which you are applying _____		
	Type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer only		
	Date you can begin work _____		
	Have you been employed by Union Grove ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered yes, provide dates of employment _____			
Special Skills	List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience.		
	1. _____	4. _____	5. _____
2. _____			
3. _____			
Work Experience	Please provide a complete list of all positions you have held in the past 10 years. List the most recent first. Attach additional sheets if necessary (bus driver applicants, see addendum). Attach résumé if available.		
	Employer name and location	Employer name and location	
	Position/title held	Position/title held	
	Dates employed	Dates employed	
	Supervisor's name and phone	Supervisor's name and phone	
	Reason for leaving	Reason for leaving	

**UNION GROVE INDEPENDENT SCHOOL DISTRICT
EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL**

Work Experience	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
References	Please list references the district can contact regarding your work history.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number
Education/Training	List the highest level of education attained: _____				
	Licenses and certificates granted _____				
	<input type="checkbox"/> Retired TRS Member: Yes _____ No _____; If YES, year retired: _____				
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted		Year graduated <i>(College only)</i>

**UNION GROVE INDEPENDENT SCHOOL DISTRICT
EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL**

General Information	<p>Do you have a relative who serves on the Board of Education or is an employee of Union Grove ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)</p>
Verification	<p>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants.</p> <div style="text-align: right; margin-top: 20px;"> <p>_____ Signature</p> <p>_____ Date</p> </div> <p>This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.</p>

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

The district Title IX Coordinator is Kelly Moore, 903-845-5509

CRIMINAL HISTORY RECORD INFORMATION REQUEST

Confidential*

The Union Grove Independent School District is required by 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.

Name _____
 Last *First* *Middle*
Social Security Number _____ Date of birth _____
Driver's License _____
 State and Number
Mailing Address _____
 Street *City* *State* *Zip*
Sex: ☐ Male ☐ Female Ethnicity: ☐ Black ☐ White/Other

I understand that 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

This form will be removed from the application and filed separately in the HR 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.****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 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.)		

TIP: Consider using the estimator at 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.

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 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.)

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

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.

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 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 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.

- 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:

{	<ul style="list-style-type: none"> • \$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	\$ _____
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- 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 Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 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 Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 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 Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 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



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
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.		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:				
		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)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
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):
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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the 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. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
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"> • 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.

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

Employee Name _____ Employee ID# SS# - _____
Employer Name UNION GROVE ISD _____ Employer ID# 75-1232125 _____

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.

You have been upgraded!

We have great news to share about your 457(b) FICA Alternative Plan. As we strive to provide the best experience for you by utilizing the latest accounting and technology available, we have upgraded your 457(b) FICA Alternative Plan to the IPX platform that will now provide you the following:

- Daily valuations
- Real-time on-line portal access to your account balance
- On-line transactions

Nothing is changing to your underlying plan, the investment provider or the administrator. This is a technology platform upgrade, so that you can see your daily balances on a web-based portal. You do not need to do anything further, however we encourage you to logon to see your balance.

You may now access your 457(b) FICA Alternative account balance by logging on to www.nbs-ipx.com

If you would like to discuss accessing your account, please contact FPS Representative for the IPX Platform at 844-788-3474 option 5.

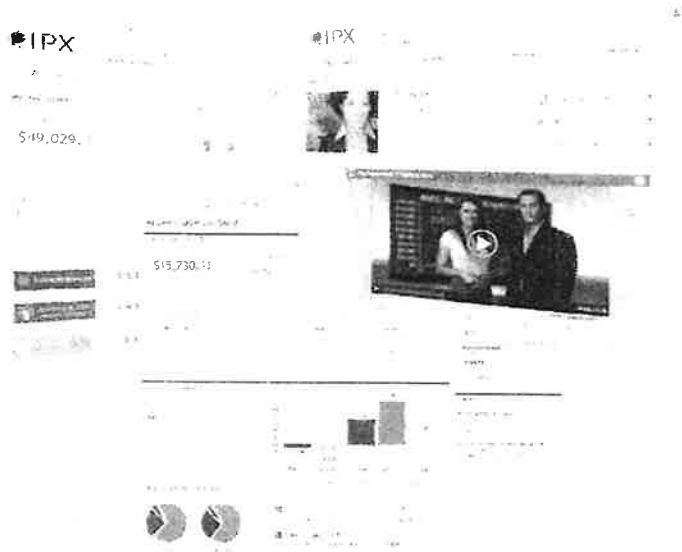
* Union Grove ISD does not pay into Social Security,
so we take that amount of money and place it into
a savings plan with National Life Insurance Company.
Please fill out the next page.

HOW TO ACCESS YOUR NEW RETIREMENT ACCOUNT

To view your account, you must register on the new recordkeeping platform.

1. Go to www.nbs-ipx.com
2. Enter your social security number [no dashes] as your initial username and click **"Login."**
3. Enter your birthdate [mmddyyyy] as the initial default password. This will bring you to the registration page.
4. Complete all registration information fields, and please make a note of your new personalized username and password.
5. After completing your registration, you will be directed to the platform and can view your account.

- ✓ 24/7 Access to view your retirement account
- ✓ Daily valuation of your FICA Alternative account
- ✓ Review investment product information.
- ✓ View your current investment balances, positions and performance.
- ✓ Generate online statements and view transaction history.
- ✓ Access planning resource center that includes videos, calculators and articles.





National Life Insurance Company®
Life Insurance Company of the Southwest™

FICA Alternative Retirement Plan Automatic Enrollment Notification and Change Form

For Part-Time, Temporary and Seasonal Employees (PTS) of: Union Grove ISD

Your employer has automatically enrolled you in their FICA Alternative Retirement Plan ("Plan"). Information contained in your Employer's payroll records will be used for Plan purposes unless you provide different information below and send it to National Benefit Services at the address shown on the reverse side of this form. Important information concerning the Plan is provided below. If you have any questions please call NBS at the number shown on the reverse side of this form.

To provide for benefits under this Plan, I understand my Employer will deduct from each of my payroll checks beginning immediately, 7.5% of my gross compensation ("Deferred Compensation"). These monies will be placed in a Trust created by my Employer specifically for this purpose ("trust").

My benefits under the Plan are to be determined as if my Deferred Compensation were funded in the following manner: 100% to a Deposit Administration Contract with Life Insurance Company of the Southwest (LSW)

Important items that you should understand about the Plan:

1. This Plan has been adopted as an alternative retirement plan to Social Security for part-time, temporary, and seasonal employees.
2. Benefits under this Plan will be provided to you in the form of an account balance consisting of your Deferred Compensation, plus earnings, minus losses or withdrawals. Further information about the LSW Deposit Administration Contract in which Plan funds are held is on the back of this form.
3. The LSW Deposit Administration Contract listed above will be owned by the Trust and will be used by the Trust to provide benefits under the Plan. You will not have any ownership or control over the Trust. Your Employer does not guarantee the performance of the Trust.
4. If you are married, your beneficiary under the Plan will automatically be your spouse. Otherwise, your beneficiary is automatically your estate. You must change your beneficiary as provided in this form if you do not want your benefits to be paid in this manner.
5. The Plan Document is available for your review. Your rights and those of your beneficiary(ies), and the Employer's obligations under the Plan are set forth in the Plan Document. The terms, conditions and provisions of the Plan are hereby incorporated into this Enrollment Form.

You Do Not Have To Complete Anything Below Unless You Want To Change Your Beneficiary Or Other Information

To Make Changes Check One: ☐ New Enrollment ☐ Address Change ☐ Beneficiary Change ☐ Name Change

1. Participant Information (Always Complete This Section)

Employee Name (Last, First, Middle) _____ ☐ Male ☐ Female

Home Address _____ City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Home Phone (_____) _____ Work Phone (_____) _____

2. Beneficiary Designation (Complete For Change in Beneficiary)

The designation(s) below revoke any prior designation(s) which are in effect for this Plan and will remain in effect until such time as revoked by me in writing. I understand that absent a written designation any benefits that become payable to me will be paid to my lawful spouse or, if none, to my estate. I further understand that nothing in this Agreement shall be construed as providing benefits that are not payable under the Plan, and I hereby affirm my understanding of the items listed under the Salary Deferral Election above.

NOTE: Your Spouse, if you are married, must sign the Spousal Consent on the back of this form if someone other than your Spouse is named as the Primary Beneficiary for the change to be effective.

Primary Beneficiary Name: _____ Relationship: _____

Home Address _____ City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Beneficiary Designation (Continued)

Contingent Beneficiary Name: _____ Relationship: _____
Home Address _____ City _____ State _____ Zip _____
Social Security No. _____ Date of Birth _____

3. Name Change

From: _____ To: _____
Reason for Change: ☐ Marriage ☐ Divorce ☐ Other: _____

Signature (Must Complete For Any Item Above)

NOTE: Your Spouse must sign the Spousal Consent below if someone other than your Spouse is named as the Primary Beneficiary.

Participant's Signature: _____ Date: _____

Spousal Consent

I hereby agree to waive my right to receive benefits under this Plan and acknowledge that I willingly consent to the designation of the Beneficiary named on this form.

Spouse Signature: _____ Date: _____

Witness Signature: _____ Date: _____

LSW FLEX 3121 Employee Disclosure

The FICA Alternative Retirement Plan

FLEX 3121 is a Deposit Administration Contract that your Employer has chosen to use as the funding vehicle for a Retirement Plan that offers an alternative to Social Security contributions. This FICA Alternative Plan is only available to qualifying governmental employers. As long as you qualify to remain in this Plan you do not have to pay Social Security (FICA) taxes on your pay from your employer.

You may monitor the growth of your retirement fund instead of having your deductions sent to Social Security. You and/or your employer must contribute a minimum of 7.5% of pre-tax compensation. FLEX 3121 imposes no loads, so all of your contributions earn interest. The interest rate is guaranteed to be at least 1% at all times.

An independent administrator tracks each employee's allocations and handles the Plan's record keeping. You will receive an account statement at least once each year.

FLEX 3121 Distributions

When you qualify to receive benefits under the plan you will generally receive the sum of your contribution plus interest, less an administrative distribution fee. The administrative distribution fee is the lesser of \$10 or the interest credited to your account. A withdrawal charge in accordance with the terms of the Deposit Administration Contract will only be assessed if your employer terminates the plan or the LSW Deposit Administration Contract in the first ten years from the contract's issue date.

Who to Contact

Administration Company
National Benefit Services (NBS):
8523 South Redwood Road
West Jordan, UT 84088
(800) 274-0503

Exhibit 1A Student/Staff Ethnicity and Race Data Questionnaire in English

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:

Texas Education Agency – September 2017

Exhibit 1B Student/Staff Ethnicity and Race Data Questionnaire in Spanish

Agencia de Educación de Texas

Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- ☐ **Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- ☐ **No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- ☐ **Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- ☐ **Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- ☐ **Negro o Africano-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- ☐ **Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal
(por favor use letra de imprenta)

Firma (Padre/Representante legal)
/(Miembro de personal)

Número de Identificación del
Estudiante/Miembro del personal

Fecha

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:

Agencia de Educación de Texas – Septiembre 2017

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

Acknowledge by signing below.

Applicant Signature:	Date:
----------------------	-------

Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.

Purpose for CHRI Search.	<input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. <input type="checkbox"/> NO, CHRI is not stored by agency. <input type="checkbox"/> YES, CHRI is stored by agency.
CHRI Retention Period	<input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:
CHRI Storage Method	<input type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

[CHRI + Audit Resources Link](#)

Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

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

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

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

I declare the following:

☐ I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

☐ I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.

☐ I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.

Declaration of Applicant

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

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

Name (First, Middle, Last)

Date of Birth

Address (Street, City, State, Zip Code)

County

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

(Signature of Declarant)

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

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

Approved by the Texas Commissioner of Education, October 2017.

Date: May 21, 2024

SUBJECT: Substitute for 2024-2025 School Year

This letter provides notice of reasonable assurance of continued employment with the district for the 2024-2025 when each school term resumes after a scheduled 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, and we hope that you will be able to continue your association with the district.

If you will be available to work as a substitute employee during the next school year, please complete the enrollment form below, and return this letter to the Superintendent's Office, attention: Terri Woodfin

*****IF YOU FAIL TO RETURN THIS LETTER THE DISTRICT ASSUMES THAT YOU NO LONGER WISH TO SERVE AS A SUBSTITUTE TEACHER AND WILL OMIT YOUR NAME FROM THE SUBSTITUTE LIST FOR THE 2024-2025 SCHOOL YEAR ON THIS BASIS.**

Kelly Moore
Superintendent of Schools

**I would like to renew my status as a substitute employee for the 2024-2025 school year.
I agree to comply with the rules, regulations, and policies of the Union Grove ISD.**

Name (Print) Date

Signature

Address Telephone No.

City State Zip

Note: The district's schools shall be closed for summer vacation from
____ May 18, 2024 ____ thru ____ August 7, 2024 ____.

The district's schools shall be closed for Winter break from
____ December 19, 2024 ____ thru ____ January 8, 2025 ____.

The district's schools shall be closed for spring break from
____ March 10, 2025 ____ thru ____ March 14, 2025 ____.



Union Grove School District

Kelly K. Moore, Superintendent
P.O. Box 1447
11220 Union Grove Rd.
GLADEWATER, TX 75647
Ph. (903)845-5509 • Fax (903)845-6178

Principals

Brian Gray, JR/SR High School
Amanda Childress, Asst. Principal
Ph. (903)845-5506
Fax (903)845-3003
Sherrill Ballard, Elementary
Stephaney Wallace, Asst. Principal
Ph. (903)845-3481
Fax (903)845-6270

Union Grove ISD provides health coverage to employees through TRS-ActiveCare. A district *substitute is eligible to enroll in TRS-ActiveCare if the district reasonably expects the substitute to work at least 10 hours per week. Hours worked for other school districts are not considered in determining whether a substitute is eligible for benefits through Union Grove ISD.*

Although the district reasonably expects substitutes to work at least 10 hours per week, the district does not guarantee that you will receive 10 hours every week. The district's need for substitutes varies from week to week. In some weeks, you may not receive any assignments. Similarly, the district understands that some weeks you may not be able to accept assignments due to illness or other personal reasons.

If you are a new substitute, you must enroll in or decline medical coverage within 31 days from date of hire. If you are a returning substitute, you may enroll in or decline medical coverage during the annual open enrollment. If you decline coverage, you cannot enroll again until the next plan year unless you experience a special enrollment event.

If you elect to enroll, **you will be responsible for the full premium.** You must submit payment for one calendar month with your enrollment form. The premiums for subsequent months will be deducted from your pay for the preceding month. If your pay is not sufficient to cover the full premium, you must submit the difference to the district by the 28th day of the preceding month. If the 28th day falls on a weekend or a day the district is closed, the payment must be made the preceding business day. If you fail to timely pay the monthly premiums, the district will proceed with the coverage cancellation process. Your coverage may also be cancelled if you lose eligibility for TRS-ActiveCare.

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

- you repeatedly turn down assignments, are repeatedly unavailable for calls, or frequently cancel assigned positions
- you do not accept at least 5 assignments per year
- you do not timely return a letter of reasonable assurance

A substitute who is enrolled in TRS-Active Care and who is then removed from the substitute roster becomes ineligible for health coverage and will be provided notice regarding continuation coverage under COBRA (if eligible). Cancellation due to non-payment is considered a voluntary drop: Therefore you would not be eligible for COBRA.



Enrollment, Change and Declination Form

ELIGIBILITY:

Are you an active employee and making monthly contributions to TRS? ☐ Yes ☐ No
If no, are you regularly scheduled to work 10 or more hours per week? ☐ Yes ☐ No

(If no to both, you are not eligible for TRS ActiveCare coverage)

SECTION 1: ENROLLMENT/CHANGE TRANSACTION TYPE

<input type="checkbox"/> Annual Enrollment <input type="checkbox"/> New Employee <input type="checkbox"/> Add Dependent <input type="checkbox"/> Special Enrollment		For District Use Only	
<input type="checkbox"/> For New Employee (check one): <input type="checkbox"/> Effective on Actively at Work <input type="checkbox"/> Effective 1 st day of month following		TRS District #	
Life Event Date: ___/___/___		Actively at Work Date:	
<input type="checkbox"/> Marriage <input type="checkbox"/> Court Order <input type="checkbox"/> Birth/Adoption		Effective/Change Date:	
<input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Other: _____			
Change Only: <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Plan/Coverage	Decline Coverage: <input type="checkbox"/> Yes (Complete Section 6) <input type="checkbox"/> N/A Effective Date of Change/Cancel: ___/___/___	Cancel Employee <input type="checkbox"/> Death <input type="checkbox"/> Loss of Eligibility <input type="checkbox"/> Retirement/Terminated <input type="checkbox"/> Non-Payment <input type="checkbox"/> Other: _____	Cancel Dependent <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Loss of Eligibility <input type="checkbox"/> Dropped Coverage <input type="checkbox"/> Other: _____
			Employer Approval: _____
			Were you covered by another district? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which: _____

SECTION 2: EMPLOYEE INFORMATION

Last Name:		First Name:		MI:	Social Security #:
Mailing Address:		City:	State:	Zip:	
Alternative Address:		City:	State:	Zip:	
Home Phone Number:		Work Phone Number:		Work Email:	
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish		Tobacco user: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a disability affecting your ability to communicate or read? <input type="checkbox"/> Yes (Please complete Section 8) <input type="checkbox"/> No					
Is the Employee Covered By Other Insurance? <input type="checkbox"/> Yes Carrier/Plan: _____ <input type="checkbox"/> No					
Is the Employee Covered by Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C <input type="checkbox"/> Part D Effective: _____ <input type="checkbox"/> No					
Reason for Medicare Coverage: <input type="checkbox"/> Entitlement Age <input type="checkbox"/> Disability <input type="checkbox"/> End Stage Renal Disease (ESRD)					

SECTION 3: COVERAGE SELECTION (Please select a Plan of Coverage – Plan or HMO - and Coverage Type)

Plan Selection:	<input type="checkbox"/> ActiveCare 1-HD	<input type="checkbox"/> ActiveCare Select	<input type="checkbox"/> ActiveCare Kelsey Select
HMO Selection:	<input type="checkbox"/> FirstCare Health Plans	<input type="checkbox"/> Scott & White Health Plan	<input type="checkbox"/> Blue Essentials Access Plan (formerly Allegian Health Plans)
Coverage Type Selected:	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family

SECTION 4: DEPENDENT INFORMATION (Use additional form for additional dependents)

SPOUSE Last Name:		First Name:		MI:
Street Address:		<input type="checkbox"/> Same as Employee		
City:	State:	Zip:	Phone Number:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Social Security #:	Tobacco user: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Insurance: <input type="checkbox"/> Yes. Carrier/Plan <input type="checkbox"/> No <input type="checkbox"/> Medicare: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C <input type="checkbox"/> Part D				
CHILD Last Name:		First Name:		MI:
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Disabled		Tobacco user: <input type="checkbox"/> Yes <input type="checkbox"/> No * required for children 18 and older		
Street Address:		<input type="checkbox"/> Same as Employee		
City:	State:	Zip Code:	Phone Number:	
Date of Birth:	Social Security #:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
Other Insurance: <input type="checkbox"/> Yes. Carrier/Plan <input type="checkbox"/> No <input type="checkbox"/> Medicare: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C <input type="checkbox"/> Part D				
CHILD Last Name:		First Name:		MI:
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Disabled		Tobacco user: <input type="checkbox"/> Yes <input type="checkbox"/> No * required for children 18 and older		
Street Address:		<input type="checkbox"/> Same as Employee		
City:	State:	Zip Code:	Phone Number:	
Date of Birth:	Social Security #:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
Other Insurance: <input type="checkbox"/> Yes. Carrier/Plan <input type="checkbox"/> No <input type="checkbox"/> Medicare: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C <input type="checkbox"/> Part D				

PLEASE CONTINUE ON NEXT PAGE

CHILD Last Name:		First Name:		MI:
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Disabled		Tobacco user: <input type="checkbox"/> Yes <input type="checkbox"/> No * required for children 18 and older		
Street Address: <input type="checkbox"/> Same as Employee				
City:	State:	Zip Code:	Phone Number:	
Date of Birth:	Social Security #:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Other Insurance: <input type="checkbox"/> Yes. Carrier/Plan <input type="checkbox"/> No <input type="checkbox"/> Medicare: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C <input type="checkbox"/> Part D				

SECTION 5: DISABLED DEPENDENTS OVER AGE 26 ☐ Request for Continuation of Coverage for Handicapped Child form and Attending Physician's Statement

Please note that a Request for Continuation of Coverage for Handicapped Child form and Attending Physician's Statement are required for coverage of a disabled child over age 26. See your Benefits Administrator for the forms, which must be completed in full and submitted to your Benefits Administrator.

SECTION 6: DECLINATION OF COVERAGE

This is to certify that the available coverage has been explained to me. I have been given the opportunity to apply for the coverage available to me and my dependents and have voluntarily elected to decline the coverage as elected below.

Name:	SSN:	<input type="checkbox"/> Employee	Reason:	<input type="checkbox"/> Other Coverage <input type="checkbox"/> Other:
Gender: <input type="checkbox"/> F <input type="checkbox"/> M Date of Birth:	Address:		<input type="checkbox"/> same as employee	
Name:	SSN:	<input type="checkbox"/> Spouse	Reason:	<input type="checkbox"/> Other Coverage <input type="checkbox"/> Other:
Gender: <input type="checkbox"/> F <input type="checkbox"/> M Date of Birth:	Address:		<input type="checkbox"/> same as employee	
Name:	SSN:	<input type="checkbox"/> Child	Reason:	<input type="checkbox"/> Other Coverage <input type="checkbox"/> Other:
Gender: <input type="checkbox"/> F <input type="checkbox"/> M Date of Birth:	Address:		<input type="checkbox"/> same as employee	
Name:	SSN:	<input type="checkbox"/> Child	Reason:	<input type="checkbox"/> Other Coverage <input type="checkbox"/> Other:
Gender: <input type="checkbox"/> F <input type="checkbox"/> M Date of Birth:	Address:		<input type="checkbox"/> same as employee	
Name:	SSN:	<input type="checkbox"/> Child	Reason:	<input type="checkbox"/> Other Coverage <input type="checkbox"/> Other:
Gender: <input type="checkbox"/> F <input type="checkbox"/> M Date of Birth:	Address:		<input type="checkbox"/> same as employee	
Name:	SSN:	<input type="checkbox"/> Child	Reason:	<input type="checkbox"/> Other Coverage <input type="checkbox"/> Other:
Gender: <input type="checkbox"/> F <input type="checkbox"/> M Date of Birth:	Address:		<input type="checkbox"/> same as employee	

SECTION 7: COVERAGE CONDITIONS

- I am employed by the Employer named in this Enrollment Application and Change Form. I am eligible to participate in the coverage(s) offered by the TRS-ActiveCare program which is administered by Aetna, with HMO benefits provided by SHA, L.L.C. dba FirstCare Health Plan, Scott and White Health Plan, and Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation Health Plans. On behalf of myself and any dependents listed on their Enrollment Application and Change Form, I apply for those coverage(s) for which I am eligible.
 - If I am enrolling a grandchild in Section 4, I certify that my household is the grandchild's primary residence and the grandchild is my dependent for federal income tax purposes for the reporting year in which coverage of the grandchild is in effect.
 - If I am enrolling a child as an "other Child" in Section 4, I certify that my household is the child's primary residence, that I provide at least 50% of the child support, that neither of the children's natural parents reside in my household, and that I have the legal right to make decisions regarding the child's medical care.
- Only those coverage(s) and amount for which I am eligible will be available to me. I understand that if this Enrollment Application and Change Form is accepted, the coverage(s) will become effective in accordance with the provisions of the TRS-ActiveCare program.
- I understand that by enrolling for coverage with Employer named in the Enrollment Application and Change Form that any TRS-ActiveCare coverage I previously elected under another TRS-ActiveCare participating district/entity will be terminated under TRS Rules.
- I authorize necessary payroll deduction by my Employer, if any, to cover the cost of my coverage(s). I agree that my Employer acts as my agent. All notices given to my Employer are binding upon me. I also agree that my participation in the coverage(s) is subject to any future amendments.
- I understand that by declining TRS-ActiveCare coverage now or by terminating TRS-ActiveCare coverage during the plan year, I am not eligible to re-enroll in TRS-ActiveCare until the next plan year, unless I experience a special enrollment event.
- I state that the information given on the Enrollment Application and Change Form is true and correct. I understand and agree that any incorrect statements material to the risk and knowingly made by me will invalidate my coverage(s).

Applicant Signature: _____ Date: _____

SECTION 8: SPECIAL NOTES REGARDING MY ENROLLMENT (Please indicate any special information regarding my enrollment for Aetna, Caremark or my selected HMO)

EMERGENCY CONTACT INFORMATION
FACULTY & STAFF

* Faculty & Staff please fill out this form so that we may have contact information for you in case of any type of emergency.

Staff Member: _____

Primary Contact: _____

Relationship: _____

Phone Numbers: _____ home _____ cell

_____ work _____ other

Secondary Contact: _____

Relationship: _____

Phone Numbers: _____ home _____ cell

_____ work _____ other

Which Hospital would you prefer to be sent to in an emergency?

Insurance Company: _____

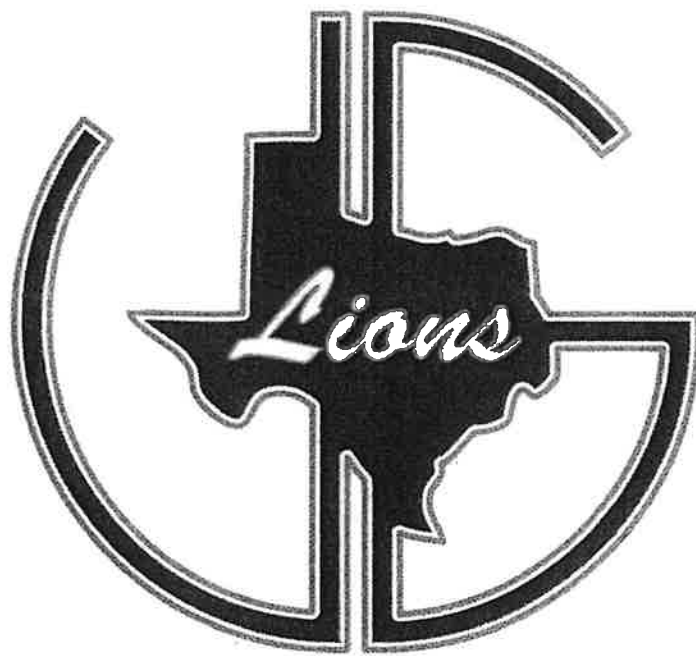
Policy Number: _____ **Group Number:** _____

Please list any medications that you take on a regular basis: _____

Please list anything that you are allergic to: _____

Please list any specific medical condition you may have: diabetes, high blood pressure, migraines, etc. any additional information you think would be helpful:

UNION GROVE
INDEPENDENT SCHOOL
DISTRICT



HANDBOOK
FOR
SUBSTITUTE TEACHERS

On behalf of UNION GROVE I.S.D., we would like to thank you for wanting to work with our young people as a substitute teacher. Many times the job of a substitute goes unnoticed, but we as educators could not make it through each year without the tremendous difference that you make in our District. Once again, thank you for being there for our children.

Children Are Our Future

In teaching children, it is essential that one keep these words constantly in mind.

A child is a person who is going to carry on what you have started. He is going to sit where you are sitting, and when you are gone, attend those things which are important. You may adopt all the policies you please, but how they are carried out depends on him. He will assume control of your cities, states and nations. He is going to move in and take over your churches, schools, universities, and corporations... the fate of humanity is in his hands.

-Abraham Lincoln

DIRECTORY

Superintendent	Kelly Moore	903-845-5509
JH/High School Principal	Brian Gray	903-845-5506
Elementary Principal	Sherrill Ballard	903-845-3481

SPECIAL NOTICE REQUIREMENT

Union Grove Independent School District does not discriminate against any employee or applicant for employment because of race, religion, gender, sex, national origin, age, disability, military status, genetic information or on any other basis prohibited by law. Additionally, the district does not discriminate against an employee or applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminatory employment practice. Employment decisions will be made on the basis of each applicant's job qualifications, experience, and abilities. In accordance with Title VI of the Civil Rights of 1964, as amended: Title IX of the Educational Amendments of 1972: Section 504 of the Rehabilitation Act of 1973, as amended: and Title II of the Americans Disability Act.

Employees with questions or concerns about discrimination based on sex, including sexual harassment should contact Kelly Moore, the district Title IX coordinator at 903-845-5509.

WHAT ARE THE REQUIREMENTS FOR SUBSTITUTING?

Union Grove Independent School District looks for people who can relate well to children and adults. Former teachers, housewives, business people and others who like working with students and have the school hours free are invited to apply. A high school diploma or GED is required, and all applicants must be at least 21 years old. ***Applicant must pass criminal background check before beginning an assignment and must be fingerprinted. You are responsible for paying \$48.25 to be fingerprinted.***

WHEN DOES A SUBSTITUTE WORK?

Substitute teachers are considered at-will employees and no specific amount of work is guaranteed.

MAY SUBSTITUTES RESTRICT THEIR AVAILABILITY?

Substitutes may request to be called for specific campuses or work on specific days. Substitutes who are generally available and are willing to accept varying assignments are called most frequently.

WHEN ARE SUBSTITUTES CALLED?

If possible, substitutes will be called in advance of the day they are needed. Most calls, however, are placed early in the morning.

WHAT ABOUT SCHOOL HOURS?

Substitutes are required to follow the campus workday. The school day for teachers begins at 7:30 a.m. and ends at 4:00 p.m.

WHAT ABOUT SALARY AND PAY DAYS?

All substitutes are paid on a monthly basis. The 25th of each month is considered payday. The cut-off each month is the last Friday of the month, and payroll runs one month behind. Direct Deposit forms are available in your packet if needed.

Pay scale:

Cafeteria	\$10.00 per hour
Non –Degree:	\$70/day
Degree (Bachelor's):	\$75/day
Certified Active Teacher	\$80/day

For Long Term substitutes / pay starting on the 11th day of worked days in the **SAME** assignment for the **SAME** employee, with uninterrupted service (no absences). You must start over if you miss a day of work.

Non degree:	\$80/day
Degree (Bachelor's):	\$85/day
Certified Active Teacher	\$100/day

For Long-Term substitutes / pay starting on the 21st consecutive day of assignment for the same employee, with uninterrupted service (no absences). You must start over if you miss a day of work.

Non degree:	\$100/day
Degree (Bachelor's):	Daily Rate – Step 0 on local teacher salary scale
Certified Active Teacher	Daily Rate – Step 1 on local teacher salary scale

WHAT ABOUT DUTIES AND EXPECTATIONS OF UGISD SUBSTITUTES?

*Be punctual and remain on the campus the entire day. Except in case of emergencies, substitutes are expected to remain on the campus the entire day and leave only after all students have been dismissed.

*Always check in and out of the building in the main office. Upon arrival at the school, the substitute teachers should report to the campus office, sign in, and get any instructions that may be appropriate for the assignment.

*Carry out all plans and duties. Substitutes are expected to follow the lesson plans and schedules to the best of their ability. If the teacher doesn't leave any plans to follow, the substitute teacher should notify the campus administrator immediately. Union Grove teachers are periodically required to carry out certain duties in addition to their regular teaching duties. This may include lunch duty and bus duty. Substitutes are expected to carry out these duties in the teacher's absence if requested to do so by principal.

*Substitutes will be expected to take attendance at the beginning of each period. Attendance sheets should be given along with teacher's schedule when the substitute signs in at the office.

*Substitutes should not be using the computer during the school day unless it is during his/her conference time.

*Substitutes need to familiarize themselves with the Emergency Exit Plan that is posted near the door in each classroom.

*Leave a note for the teacher regarding the day's activities. It is generally helpful to the teacher if the substitute leaves a note relating the activities of the day. It is helpful to include information about which lessons or assignments were completed.

*Be professional. It is expected that Union Grove substitutes will be available throughout the day to circulate in the classroom and assist the students. Reading, eating in class and other activities of this nature are discouraged. Additionally, it is expected that substitutes will keep confidential all information regarding students. Substitutes, like teachers, are expected to dress in a professional manner and be well groomed at all times. Jeans may be worn on Monday (College Day) and Friday when they may be worn with Spirit shirts or other days designated by campus principals. No jeans with holes will be permitted.

*Cell phone use during school hours is not allowed by teachers or students. Cell phone must be turned off during class.

*Never leave your classroom unattended with students present. If you have an emergency, please ask the teacher next door to watch your class or call the office for help.

*Never dispense or administer any medicine to a student. The substitute teacher should send the student to the nurse's office. If a child becomes ill while at school or has an accident, the incident should be reported to the school nurse or administrator immediately.

*Be familiar with the UGISD Student Handbook, Student Code of Conduct, and the UGISD Employee Handbook. You are responsible for observing all policies and procedures. These can be found online at www.ugisd.org

WHAT ABOUT DISCIPLINE?

The substitute teacher is expected to maintain a level of discipline in the classroom, which is conducive to good learning. A well-organized and skillfully conducted class will have fewer discipline problems. Your physical bearing and tone of voice affect the reaction of a class to you. A positive attitude will do much to win the respect of the students. The points below offer some sound and proven advice.

*Start the day in the manner, which you wish to continue.

*Know what lessons you will present, at what time you will present them, and the method you will use. **Do not change lesson plans.**

*Observe carefully prescheduled routines.

*Avoid threats, yet be firm.

*Never touch any student while implementing any form of discipline.

*Treat all students equally in terms of respect and dignity.

*Strive for consistency and fairness.

*Stand when presenting lesson, but move about to monitor students.

*Speak loudly enough to be heard, but softly enough to command attention.

*Correction should be constructive.

*Never should a teacher punish a whole class for the misbehavior of a few students.

*Never embarrass or humiliate a child in front of peers. The student should be removed from the group until the teacher has the opportunity to speak with the student. Reprimands should be private whenever possible.

*When individual students cause behavior problems which are disruptive and cannot be handled by the substitute, these students should be sent to the office with a referral explaining the circumstances. The substitute should not leave the classroom unattended.

*Respect the right of confidentiality of all students and school personnel. A substitute teacher should never discuss any school-related issue(s) either publicly or privately.

Union Grove Independent School District

I have received the Union Grove ISD Substitute handbook and agree to follow all rules and procedures outlined in the Program. I also agree to submit to a criminal background check, and fingerprinting as required by Senate Bill 9 and the Texas Education Code. I will be responsible for the fingerprinting expense.

Printed Name

Signature

Date

UGISD PAYROLL DIRECT DEPOSIT ENROLLMENT FORM

I hereby authorize Union Grove ISD Business Office to deposit my payroll check, on a monthly basis, to the financial institution listed below.

I have attached a VOIDED check for information use only.

_____ located in _____
Bank Name City

Type of Account: _____ Checking or _____ Savings

EMPLOYEE/SUBSTITUTE SIGNATURE: _____

DATE: _____

PLEASE PROVIDE AN E-MAIL FOR YOUR ELECTRONIC CHECK STUB:

*****Monthly Payroll checks will no longer be an option; you must use DIRECT DEPOSIT***

INTERVIEW SUMMARY FORM - SUBSTITUTE TEACHERS

Applicant _____

Interviewer _____ Date _____

Characteristics	Rating High 3 2 1 Low	Comments
1. Education/training		
2. Experience		
3. Communication skills		
4. Dress and grooming		
5. Enthusiasm and attitude		
<input type="checkbox"/> Yes, I will call the above as a substitute <div style="float: right;">Date _____</div>		
<input type="checkbox"/> No, I will not call the above as a substitute <div style="float: right;">Date _____</div>		