



Sharyland I.S.D.
REQUEST TO CONTRACT A VISITING CONSULTANT (NON-EMPLOYEE)

For Internal Use Only:

Req#: _____

TO BE COMPLETED BY THE INDIVIDUAL REQUESTING CONTRACT APPROVAL

(All required approvals must be obtained one month prior to contract signatures)

Date _____ Campus/Dept. Name _____

Originator _____ Title _____

Name of Meeting/Workshop/Project _____

Date(s) and Time(s) of Services _____

Session Location _____

Number of Hours Each Session _____ Will Consultant be coming for ☐ Single Event ☐ Multiple Events

Justification for Out-Of-District Consultant _____

Will Consultant be in a location where students may be present ☐ Yes ☐ No

Who is expected to attend the session *(Select all that apply and make sure proper function codes are used)*

☐ Students (11) ☐ Teachers (13) ☐ Campus Administrators (23) ☐ Central Office Administrators (21) ☐ Counselors (31)

Enter quantity of attendees: _____ Students _____ Teachers _____ Campus Admins. _____ Central Admins. _____ Counselors

Consultant Name: _____

Street: _____ City: _____

State: _____ Zip Code: _____ Telephone Number (_____) _____ - _____

Estimated Contract Costs:

<i>PAYMENT WILL NOT BE MADE FROM THIS INFORMATION; CONSULTANT MUST PROVIDE AN INVOICE WITH RECEIPTS</i>	Amount	Account Code
Honorarium _____ days @ _____ per day _____ hours @ _____ per hour	\$	
Lodging	\$	
Private Conveyance: _____ miles @ _____ per mile	\$	
Plane, Bus, Train	\$	
Taxi	\$	
Meals	\$	
Other (explain)	\$	
Total Estimated Costs	\$	

APPROVED:

Principal/Supervisor Signature & Date

Asst. Superintendent Signature & Date

Sharyland I.S.D.
CONTRACT FOR CONSULTANT SERVICES
(To be used to secure services of non-district employee)

Name: _____ Social Security/ Tax ID No: _____

Address _____ Credentials _____

Phone _____

Employees of Contractor, that have direct contact with students and are hired after January 1, 2008, must be fingerprinted in accordance with Senate Bill 9. By signing this agreement, contractor attests that they have conducted necessary fingerprinting in accordance with Senate Bill 9 for its employees.

To the best of my knowledge, the above information is accurate and no conflict of interest is involved in the contractual agreement.

Either party for any reason may cancel this contract by written notice; the consultant fee to be paid shall be the fee earned on a pro rata basis as of the date of cancellation.

Consultant Signature: _____

Title: _____

Date: _____

For Internal Use Only

Sharyland ISD Approved:

Assistant Superintendent _____

Signature & Date

- ☐ All Professional Staff Development - Approval Required by Assistant Superintendent of C & I
- ☐ All Others - Approval Required by Assistant Superintendent of Business, Finance & Student Services



Sharyland Independent School District

1106 N. Shary Road, Mission, Texas 78572-4652

<http://www.sharylandisd.org>

Phone: (956) 580-5200

Independent Consultant/Vendor/Contractor

Introduction: Texas Education Code Chapter 22 requires an independent consultant who provides services to a school district to submit to a criminal history review if the independent consultant will have continuing duties related to the contracted services and direct student contact. Each independent consultant must certify with the District that the consultant has complied.

A covered independent consultant with a disqualifying criminal history is prohibited from serving at a school district or any Center workshop. The following offenses are disqualifying if, at the time of the offense, the victim was under 18 or enrolled in public school: (a) a felony offense under Title 5, Texas Penal Code; (b) an offense for which a defendant is required to register as a sex offender under Chapter 62, Texas Code of Procedure; or (c) an equivalent offense under federal law or the laws of another state. The center reserves the right to designate other convictions or other criminal history information as disqualifying.

I certify that I have obtained all required criminal history record information regarding myself through the Texas Department of Public Safety's Fingerprint-based Applicant Clearinghouse of Texas (FACT). I further certify that I do not have a disqualifying criminal history. I agree to notify Sharyland ISD in writing within 3 business days if I am arrested or adjudicated for disqualifying reason during the contract term.

I agree to provide Sharyland ISD, upon request, my full name and other requested information so that Sharyland ISD may obtain my criminal history record information. I understand that the school district may terminate my services at any time if the District determines, at its sole discretion, that my criminal history is not acceptable.

Noncompliance or misrepresentations regarding this certification may be ground for contract termination.

Print Name

Date

Signature



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Consultant Employees

Introduction: Texas Education Code Chapter 22 requires entities that contract with school districts to provide services to obtain criminal history record information regarding covered employees. Consultants must certify with the district that they have complied. Covered employees with disqualifying criminal histories are prohibited from serving at a school district.

Definitions: Covered employees: Employees of a consultant who have or will have continuing duties related to the service to be performed at the District and have or will have direct contact with students. The District will be the final arbiter of what constitutes direct contact with students.

Disqualifying criminal history: Any conviction or other criminal history information designated by the District one of the following offenses, if at the time of the offense, the victim was un 18 or enrolled in a public school: (a) a felony offense under Title 5, Texas Penal Code; (b) an offense for which a defendant is required to register as a sex offender under Chapter 62, Texas Code of Criminal Procedure; or (c) an equivalent offense under federal law or the laws of another state.

On behalf of _____ ("Consultant"), I certify that {check one}:

☐ None of the employees of Consultant are covered employees, as defined above. If this box is checked, I further certify that Consultant has taken precautions or imposed conditions to ensure that the employees of Consultant will not become *covered employees*. Consultant will maintain these precautions or conditions throughout the time the contracted services are provided.

Or

☐ Some or all of the employees of Consultant are covered employees. If this box is checked, I further certify that:

- (1) Consultant has obtained all required criminal history record information regarding its covered employees. None of the covered employees as a disqualifying criminal history.
- (2) If consultant receives information that covered employee subsequently has a report criminal history, Consultant will immediately remove the covered employee from contract duties and notify the District in writing within 3 business days.
- (3) Upon request, Consultant will provide the District with the name and any other requested information of covered employees so that the District may obtain criminal history record information on the covered employees.
- (4) If the District objects to the assignment of a covered employee on the basis of the covered employee's criminal history record information, Consultant agrees to discontinue using that covered employee to provide services at the District.

Noncompliance or misrepresentation regarding this certification may be ground for contract termination

Print Name

Date

Signature

This form is required for all initial name-based search inquiries. Agency shall retain tracking form for all name-based inquiries from audit to audit.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant or Employee must acknowledge information. Signature & date required.

Applicant or Employee Name (Print):

(This is not a consent form but serves as information for the applicant)

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.

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 - Employment Purposes 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.

Applicant or Employee Signature:

Date:

Section 2: Agency use only.

Agency Name:

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

Section 3: For agency use only. CCH Tracking information. Check all that apply.

Purpose of CCH	☐ Employee ☐ Volunteer/Contractor ☐ Other:
CCH Storage	☐ No, CCH is not stored by agency. ☐ Yes, CCH is stored by agency.
Retention Period	☐ Temp Only ☐ Annual ☐ None in place ☐ Not Applicable ☐ Other:_____
Storage Method	☐ Physical/Printed ☐ Digital/Electronic ☐ Not Applicable
Retention Purpose	Explain:
Date Destroyed	
Destruction Method of CCH	Explain:

[CJIS Launch Pad Link - CHRI & Audit Resources](#)

Este formulario es obligatorio para todas las consultas de búsqueda iniciales basadas en nombres. La agencia conservará el formulario de seguimiento para todas las consultas basadas en nombres de una auditoría a otra.

Verificación de Antecedentes Penales Computarizados (CCH) del DPS

Sección 1: El Solicitante o Empleado debe reconocer la información. Se requiere firma y fecha.

Nombre del solicitante o empleado (letra de imprenta):

(Este no es un formulario de consentimiento, sino que sirve como información para el solicitante)

Yo reconozco que se puede realizar una verificación de antecedentes criminales computarizada (CCH) accediendo al sitio web seguro del Departamento de Seguridad Pública de Texas y se puede basarse en identificadores de nombre y fecha de nacimiento. (Este no es un formulario de consentimiento, sino que sirve como información para el solicitante.) La autoridad para que esta agencia acceda a los datos de antecedentes penales de un individuo se puede encontrar en el Código de Gobierno de Texas 411; Subcapítulo F.

La información basada en el nombre y fecha de nacimiento no es una búsqueda exacta y solo las búsquedas de registros de huellas dactilares representan una identificación verdadera de la información del registro de antecedentes penales (CHRI), por lo tanto, la organización que esta realizando la verificación de antecedentes penales no tiene permiso discutir conmigo ninguna información obtenida usando el método de nombre y fecha de nacimiento.

La agencia puede solicitar que también se realice una búsqueda de huellas dactilares para eliminar cualquier identificación errónea basada en el resultado de la búsqueda de nombre y fecha de nacimiento. Para completar el proceso de huellas dactilares, debo hacer una cita con Fingerprint Applicant Services of Texas (FAST) como se indica en línea <https://www.dps.texas.gov/section/crime-records/crime-records-general-information>, Review of Personal Criminal History o llamar al proveedor del programa al 1-888-467-2080, enviar un juego completo de huellas dactilares, solicitar que se envíe una copia a la agencia que se indica en esta forma, y pagar una tarifa de \$25.00 a la compañía de servicios que toma las huellas dactilares.

Una vez que se complete este proceso, la información sobre mis antecedentes penales de huellas dactilares podrá ser discutida conmigo.

Firma del Solicitante o Empleado/o:	Fecha:
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Sección 2: Uso exclusivo de la agencia.

Nombre de la agencia:
Nombre del representante de la agencia:
Firma del representante de la agencia:
Fecha de búsqueda de CCH basada en nombres:

Sección 3: Para uso exclusivo de la agencia. Información de seguimiento de CCH. Marque todo lo que corresponda.

Propósito de CCH	☐ Empleado/a ☐ Voluntario / Contratista ☐ Otro:
Almacenamiento de CCH	☐ No, CCH no es almacenado por la agencia. ☐ Si, CCH es almacenado por la agencia
Periodo de retención	☐ Sólo temporal ☐ Anual ☐ No hay Ninguno ☐ No Aplica ☐ Otro:
Método de almacenamiento	☐ Físico/Impreso ☐ Digital/Electrónico ☐ No Aplica
Propósito de retención	Explicar:
Fecha de destrucción	
Método de destrucción de CCH	Explicar:

[CHIS Launch Pad Link - CHRI & Audit Resources](#)

SHARYLAND INDEPENDENT SCHOOL DISTRICT

TEXAS DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK REQUEST

CONSULTANT/CONTRACTOR/VENDOR

NAME OF INDIVIDUAL: _____

COMPANY: _____

TYPE OF SERVICE: _____

EVENT: _____

CAMPUS: _____

EXACT DATE(S) OF EVENT: _____

CONTACT NUMBER(S): _____

Will individuals have DIRECT contact with students? ☐ Yes ☐ No

Has a copy of Driver's license been provided & attached? ☐ Yes ☐ No

Has the individual been fingerprinted and entered into the TX DPS FACT Clearinghouse? ☐ Yes ☐ No

Has the DPS Computerized Criminal History (CCH) Verification form been signed & attached? ☐ Yes ☐ No

Last four digits of social security number: XXX-XX-_____

FOR CAMPUS/DEPARTMENT STAFF ONLY

Requested by: _____
Print Name Campus/Department

Signature _____ Date

FOR HUMAN RESOURCES STAFF ONLY

Name Based ☐ Subscription ☐ Approved ☐ Yes ☐ No

SID: _____ By: _____

Subscribed until: _____ Date: _____

By: _____

Date: _____