

CALHOUN COUNTY INDEPENDENT SCHOOL DISTRICT SUBSTITUTE TEACHER/SUBSTITUTE AIDE CHECKLIST LIST

Substitute Teachers and Substitute Aides must have ALL the following items on file with the School District to be eligible.

- _____ Complete CCISD Application and Criminal History Authorization
- _____ CCISD Data Sheet
- _____ Addendum to Substitute Application
- _____ Oath of Confidentiality
- _____ 403 (b) Notification
- _____ W-4 Form with Dated Signature
- _____ Letter of Reasonable Assurance (RA)
- _____ Form 1-9 that establishes identity for employment--2 pages of instruction and 1-9 Document.

THE I-9 MUST BE SIGNED BY THE PERSON THAT MAKES A COPY OF THE DRIVER'S LICENSE AND SOCIAL SECURITY CARD

ITEMS BELOW ARE ALSO REQUIRED TO BE PRESENTED WITH THIS PACKAGE

- _____ Transcript of college work,teaching certificate, or high school diploma/GED
- _____ Copy of Driver's License (present official document to be copied)
- _____ Fingerprints--You will be contacted to set up an appointment & must pay \$49.00 with Money Order, Visa or Mastercard debit cards. (**NO CASH WILL BE ACCEPTED**)
- _____ TB (tuberculosis questionnaire to determine if TB test is needed)

SUBSTITUTE PAY

Non-Degreed (Daily basis) \$80.00 per day-----	Long Term-----	\$90.00 per day	
Degreed (Bachelor/Masters) Daily Basis \$85.00 per day--	Long Term-----	\$95.00 per day	
Certified Teacher (Daily basis) \$95.00 per day-----	Long Term-----	\$105.00 per day	
LVN/RN (Daily basis)-----	\$80.00 per day-----	Long Term-----	\$90.00 per day
Aides (Daily basis)-----	\$9.00 per hour-----	Long Term-----	\$10.00 per hour
Bus Drivers \$14.00 per hour		Food Service \$9.00 per hour	
Bus Drivers (Extracurricular) \$7.25 per hour		Maintenance \$9.00 per hour	
Bus Driver (Showup/trip canceled) \$16.00 per trip		Student Worker \$8.00 per hour	
Bus Driver (2 hours or less)\$16.00 per trip		Bus Driver/Coach \$20.00 per trip	

The payroll cut off date for all subs above (except Maintenance/Food Service) is usually the last Friday of each month. Payroll checks are usually mailed on the 19th of each month. This procedure is subject to change at times due to Holidays or Spring Break. Substitute teachers shall be subject to all duties of a regular teacher. Maintenance and Food Service are paid bi-weekly.

CCISD DRESS CODE IS INCLUDED IN THIS PACKET & MUST BE READ AND FOLLOWED

CALHOUN COUNTY ISD
029901 PERSONNEL POSITIONS:
LETTER OF REASONABLE ASSURANCE

LETTER OF REASONABLE ASSURANCE

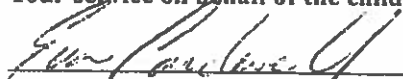
TO: All Non-Contractual Employees

DATE: April 17, 2023

Thank you for supporting CCISD. Please accept this letter as a means of informing you of *reasonable assurance of employment when each school term resumes after a school break*. By virtue of this notice, please understand that you may not be eligible for unemployment compensation benefits drawn on school district wages during any scheduled breaks including, but not limited to, the summer, Christmas, and spring breaks. This assurance is contingent on continued school operations and will not apply in the event of any disruption that is beyond the control of the district (i.e. lack of school funding, natural disasters, court orders, public insurrections, and/or war).

Nothing contained herein implies 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, and at-will employees are free to resign at any time for any reason or for no reason.

Your service on behalf of the children in the district is appreciated.


Evan Cardwell, Superintendent of Schools


Kelly Taylor, Assistant Superintendent

Please check the position which is applicable to you.

NON-CONTRACTUAL:	<input type="checkbox"/> Instructional Paraprofessional/ Aide/ Fellow	<input type="checkbox"/> Hall Monitor/ Guard
	<input type="checkbox"/> Transportation	<input type="checkbox"/> Nutrition Service
	<input type="checkbox"/> Maintenance/Custodian	<input type="checkbox"/> Respite Prog.
	<input type="checkbox"/> Clerical	<input type="checkbox"/> Other
	<input type="checkbox"/> Technicians	

NOTICE: KEEP ONE COPY/ RETURN SECOND COPY DO NOT CUT — RETURN ENTIRE PAGE

Please complete the information below and return the letter to the campus or department secretary by Thursday April 27, 2023.

I would like to retain my status as an at-will CCISD employee. I agree to comply with the rules, regulations and policies of Calhoun County Independent School District. Failure to sign and return this notice by the date listed will be viewed as a resignation.

Name (Print)

Date

Signature

Employee ID #

Address (Street address and P.O. Box) & City Zip Code

Telephone Number

Return to:
CALHOUN COUNTY ISD
 525 North Commerce Street
 Port Lavaca, Texas 77979
 Fax #: (361) 551-2649



EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

Personal Data	Date of Application _____		Social Security Number _____		
	Name _____		_____		
	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>		
	Address _____		_____		
	<i>Street Box</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
	Other address where you may be reached _____				
Work Phone _____		Home Phone _____			
Name used on records if different from present name <i>(to be used for reference checks)</i> _____					
Position Data	Position for which you are applying _____				
	Type of Employment: Full Time _____ Part Time _____ Summer Only _____				
	Date available _____				
	Former Calhoun County ISD Employee? Yes _____ No _____				
	If yes, give dates of employment: _____				
Driver's License Number: _____ from State of _____ <i>Every transportation driver is subject to immediate termination if he/she becomes uninsurable due to traffic violations, irrespective of faults, during the course of employment.</i>					
Check highest level attained: Not high school graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 GED _____ Two or more years of college _____ Other training or education _____ High School graduate _____ Bachelors Degree _____ Less than two years in college _____ Masters Degree _____ Licenses/certifications held _____					
Education/Training	Schools Attended: List all applicable information.				
	Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree, or Certificate	Year Graduated	

Please provide a complete listing of other jobs or administrative positions you have held in the past 10 years. Attach additional sheets, if necessary. Please attach a resume, if available.

Work Experience

Employer Address	Job Position Title	Salary Wages	Dates Employed	Reason for leaving

Special Skills

List specific skills and/or any machines or equipment you can operate. Include typing speed and number of years experience.

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

General Information

- List the town(s) that have been your legal residence for the past five (5) years, starting with the most recent one first

- Do you speak any language other than English? If so, what language and to what degree of proficiency?

- Do you have a relative who is either a member of the Calhoun County ISD Board of Trustees or who is employed in any capacity in the Calhoun County ISD. Yes No If yes, please give the name of relative, relationship, and position held:

- Have you ever been convicted of a felony or offense involving moral turpitude and or received probation or deferred adjudication? Yes No If yes, please state where, when and the nature of the offense.

(Conviction of a felony 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.)

Employment References

Please list below references who may be contacted regarding your work history.

Full Name of Reference	School District/ Firm Name	Mailing address	Position/Title	Area code/ phone number

Personal Statement

Please make a statement in your own handwriting concerning your reasons for desiring a position with the Calhoun County ISD.

Verification

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.

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 parties from all liability for any damage that may result from furnishing same to you.

I understand that the district is required by Texas Education Code §21.917 to obtain criminal history record information on applicants selected for employment. I understand that periodic submission to random drug testing may be a condition of employment.

Furthermore, this application becomes the property of the district that reserves the right to accept or reject it. This application shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

Legal Signature of Applicant

Date

Calhoun County Independent School District is an equal opportunity employer without regard to race, color, sex, age, religion, national origin, disability or limited English proficiency.

*The District Title IX Coordinator is Jim Story, Personnel Director
525 N. Commerce, Port Lavaca, TX (361) 552-9728*

DPS Computerized Criminal History (CCH) Verification

(EMPLOYER COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Calhoun County ISD
Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH: <u>Employment</u>	
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Verificación Computarizada del Historial Criminal (CCH) de DPS

(COPIA DE EL EMPLEADOR)

Yo, _____, he sido notificado que se llevará a cabo una

verificación computarizada de mi historial criminal (CCH) al ingresar al portal de Internet del Departamento de Seguridad Pública de Texas (Texas Department of Public Safety) y que esta se basará en la información que otorgue sobre mi nombre y fecha de nacimiento.

Debido a que la información basada en el nombre no es una búsqueda exacta y solamente las búsquedas de expedientes de huellas dactilares representan una identificación real del historial criminal, la organización (como se describe al final) que lleva a cabo la revisión del historial criminal no puede discutir ninguna información obtenida utilizando este método; por lo tanto, la agencia podría ofrecer la oportunidad de realizar una búsqueda por medio de las huellas dactilares para despejar cualquier confusión de identidad basada en la búsqueda por medio del nombre, si la búsqueda provee un informe criminal del cual yo sé es ajeno a mi persona.

Para el proceso de la impresión de huellas dactilares, se requerirá presentar un muestrario completo y total de mis huellas dactilares para su análisis a través del sistema AFIS (sistema de identificación de huellas dactilares automatizado) del Departamento de Seguridad Pública de Texas. Se me ha informado que para poder terminar este proceso, debo tener el formulario de huellas dactilares correcto (FAST) de esta agencia, programar una cita en línea, presentar un muestrario completo y total de mis huellas dactilares y pagar una cuota de \$9.95 a la compañía que ofrece los servicios de impresión de huellas digitales, Servicios de Inscripción L1 (L1 Enrollment Services.)

Una vez que haya finalizado el proceso y que la agencia reciba la información del Departamento de Seguridad Pública, la información sobre el expediente del historial criminal de huellas dactilares podrá ser discutida conmigo.

(Esta copia debe permanecer en el expediente de su agencia. Se requiere para futuras auditorías de DPS)

Firma del Solicitante o Empleado

Fecha

Nombre del la Agencia (Letra de Imprenta)

Nombre del Representante de la Agencia (Letra de Imprenta)

Firma del Representante de la Agencia

Fecha

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	



ADDENDUM TO SUBSTITUTE APPLICATION

An application for a substitute position does not mean automatic assignment on the substitute list. The list will be determined by the needs of the District.

Example: If the District's needs are met with 40 substitutes, there will be no need to have 200 on the sub list.

If the substitute clerk calls a substitute and the substitute does not accept the call the offer five-(5) consecutive times during the school year, the substitute's Name will be removed from the list of current subs.

Applicant's Signature

Date



SCHOOL DISTRICT

Criminal History Authorization

Texas Education Code 22.083 authorizes a school district to obtain the criminal history record of every applicant for employment or volunteer services with the school district. Therefore, as a part of your application process, you need to complete the following questions:

(Please Print)

Last Name

First Name

MI

Jr./Sr. etc.

Social Security Number

Driver License Number

State

Birth Date (mm/dd/yy)

Sex (check one)

 Male Female

Race (check one)

 Hispanic Black White/Other

Current Address

City

State

ZIP

For Each Residence In The Last Five Years, List The City, State, and Applicable Dates.

City	State	From (mm/yy)	To (mm/yy)	Last Name (at time of date listed)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Volunteers Only - List campuses or programs of interest to you:

Have you ever been convicted of or received deferred adjudication for a criminal offense?

 Yes No

If yes, please indicate the year, location and type of each offense. More facts may need to be discussed later.

Location: (city, state)

Offense:

Last Name:

Year:

I hereby authorize School District and School District's agent(s) to obtain a consumer report on me. School District is authorized to use any source including, but not limited to, consumer reporting agencies, private investigators, and law enforcement agencies. Furthermore, I authorize any of these agencies to release information on me to School District or School District's agent(s).

I also hereby acknowledge that I have received a notice that a report may be obtained for employment purposes if applicable. I understand that the information I am providing about age, sex, and ethnicity will not be used to determine my eligibility for employment or volunteer services, but will be used solely for the purpose of obtaining consumer information, including criminal history information. I further understand that information from my consumer report will not be used in violation of any applicable Federal or State equal employment opportunity laws.

Signature of Applicant

Date

FOR OFFICE USE ONLY: (Check Only One)

- Employment, Applicant
- Student Teacher
- Volunteer
- Substitute Teacher
- Teacher Assistant
- Maintenance/Transportation/Food Service

FOR OFFICE USE ONLY:

- NATIONAL / NCTC EXPANDED
 - STATE / NCTC IN FILE
- School District:

OATH OF CONFIDENTIALITY

Must be signed before a Notary

Check at the District Office for Notary services (no charge)

As a substitute for Calhoun County Independent School District, I do solemnly swear or affirm that I will keep the daily classroom occurrences in strictest confidence.

I further affirm that I will not participate in gossip or speculation in reference to students or District personnel.

Substitute for the Day

Date

Sworn to and Subscribed before me this _____ day of

_____, 20____.

Signature of Notary

Notary Public, _____

County
State of Texas

NOTICE:

TAX-SHELTERED ANNUITY

Through this program, known as 403(b) plan, an employee/substitute can elect to have a portion of his/her salary invested in a tax-deferred contract, including investments like a fixed account, money market & a broad portfolio of stocks and bonds.

If interested please contact the payroll department for more information.

Substitute Name

Date

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

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.

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

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) Reserved for future use.

(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

TIP: If you have self-employment income, see page 2.

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)
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General Instructions

Section references are to the Internal Revenue Code.

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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 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 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

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 roughly 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 2023 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.

- 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 2023 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:

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse
	• \$20,800 if you're head of household
	• \$13,850 if you're single or married filing separately

 2 \$ _____
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 4 \$ _____
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 5 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job 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	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190	
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390	
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590	
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610	
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610	
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610	
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460	
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330	
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850	
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850	
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140	
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740	
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340	
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640	
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880	
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250	

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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

Name: _____ Date of Birth _____

Organization administering questionnaire: Calhoun County ISD Date _____

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI)

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if you have been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

The following questions will help us identify if you may have been exposed to tuberculosis

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: Have you been around anyone with any of these symptoms or problems? or Have you had any of these symptoms or problems? or Have you been around anyone sick with TB?			
Were you born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Have you traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries?			
Have you, or have you spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Have you been tested for TB? Yes _____ (if yes, specify date ____/____/____) No _____
 Have you ever had a positive TB skin test? Yes _____ (if yes, specify date ____/____/____) No _____

For school/healthcare provider use only

PPD administered Yes _____ No _____
 If yes, Date administered ____/____/____ Date read ____/____/____ Result of PPD test _____ mm response

Type of service provider (i.e. school, Health Steps, other clinics) _____

PPD provider _____ signature _____ printed name _____

Provider phone number _____

City _____ County _____

If positive, referral to healthcare provider Yes _____ No _____

If yes, name of provider _____

CALHOUN COUNTY ISD

May 16, 2023

Dear CCISD Substitute:

Calhoun County ISD provides health coverage to employees through TRS ActiveCare. A district substitute is eligible to enroll in the 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 CCISD.

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 be able to 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 must enroll 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 of \$417.00 for ActiveCare HD or \$524.00 for ActiveCare primary**. These are current premiums for the employee only. You must submit payment for one calendar month with your enrollment form. The premium 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 25th day of the month. If the 25th 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 canceled 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, and frequently cancel assigned positions.
- You do not timely return a letter of reasonable assurance.

A substitute who is enrolled in TRS Activecare and who is 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.

You have received this letter because we have you set to sub for CCISD this 2023-2024 school year.

If you wish to decline coverage please do so on the attached form & return to payroll by August 4, 2023. If you wish to enroll please contact Cindy Partida at 361-552-9728 in our insurance department by August 4, 2023



Enrollment Application and Change Form



ELIGIBILITY: Are you an active employee and making monthly contributions to TRS? (If no to both you are not eligible for TRS ActiveCare coverage)
If no, are you regularly scheduled to work 10 or more hours per week?

SECTION 1: ENROLLMENT/CHANGE TRANSACTION TYPE

Form section for enrollment and change transaction type, including options for Annual Enrollment, New Employee, Add Dependent, Special Enrollment, and various change events like Marriage, Court Order, Birth/Adoption, etc.

SECTION 2: EMPLOYEE INFORMATION

Form section for employee information, including fields for Last Name, First Name, MI, Social Security #, Mailing Address, City, State, Zip, Home Phone Number, Cell Phone Number, Email, Date of Birth, Sex, Language, Ethnicity, and insurance coverage questions.

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

Form section for coverage selection, including options for ActiveCare 1-HD, ActiveCare Select, ActiveCare 2, HMO Selection (FirstCare Health Plans, Scott & White Health Plan, Allegian Health Plans), and Coverage Type Selected (Employee Only, Employee + Spouse, Employee + Child(ran), Employee + Family).

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

Form section for dependent information, including fields for SPOUSE and CHILD (Last Name, First Name, MI, Street Address, City, State, Zip Code, Phone Number, Date of Birth, Social Security #, Sex, Other Insurance).

PLEASE CONTINUE ON NEXT PAGE

CHILD Last Name: _____ **First Name:** _____ **MI:** _____

Natural/Adopted Stepchild Foster Child Grandchild Legal Guardian Disabled Other

Street Address: _____ Same as Employee

City: _____ **State:** _____ **Zip Code:** _____ **Phone Number:** _____

Date of Birth: _____ **Social Security #:** _____ **Sex:** M F

Other Insurance: Yes. Carrier/Plan No Medicare: Part A Part B Part C Part D

CHILD Last Name: _____ **First Name:** _____ **MI:** _____

Natural/Adopted Stepchild Foster Child Grandchild Legal Guardian Disabled Other

Street Address: _____ Same as Employee

City: _____ **State:** _____ **Zip Code:** _____ **Phone Number:** _____

Date of Birth: _____ **Social Security #:** _____ **Sex:** M F

Other Insurance: Yes. Carrier/Plan No Medicare: Part A Part B Part C Part D

SECTION 4: 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 5: 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:
Name: _____		<input type="checkbox"/> Spouse	Reason: _____	<input type="checkbox"/> Other Coverage	<input type="checkbox"/> Other:
Name: _____		<input type="checkbox"/> Child	Reason: _____	<input type="checkbox"/> Other Coverage	<input type="checkbox"/> Other:
Name: _____		<input type="checkbox"/> Child	Reason: _____	<input type="checkbox"/> Other Coverage	<input type="checkbox"/> Other:
Name: _____		<input type="checkbox"/> Child	Reason: _____	<input type="checkbox"/> Other Coverage	<input type="checkbox"/> Other:
Name: _____		<input type="checkbox"/> Child	Reason: _____	<input type="checkbox"/> Other Coverage	<input type="checkbox"/> Other:

SECTION 6: 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 Allegian Insurance Company dba Allegian 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.
 - o 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.
 - o 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)

NAME _____ DATE _____

Job Title: Substitute Teacher
District: Calhoun County ISD

Reports to: Campus Principal
Date Revised: 5/16/2023

GENERAL DEFINITION: Manages student learning in accordance with the goals & directives of the campus and district.

ESSENTIAL FUNCTIONS/KEY RESPONSIBILITIES: The minimum performance expectations include, but are not limited to the following essential functions:

- Maintains & respects confidentiality of student and school personnel information.
- Maintains discipline & classroom control that fosters a safe and positive learning environment for all students & staff in accordance with district policies.
- Ensures the adequate supervision to assure health, welfare & safety of all students.
- Takes all necessary & reasonable precautions to protect students, equipment, materials & facilities..
- Reports to the office upon arrival at school: checks mail box of absent teacher for materials requiring immediate attention: requests clarifications of school rules & procedures, if necessary.
- Reports all student injuries, accidents, illnesses and discipline problems to the appropriate authority immediately or as soon as reasonably possible.
- Implements lessons plans while ensuring the integrity of academic time & and in a manner which motivates students to learn and participate.
- Organizes students for effective instructions.
- Communicates with the office and classroom teacher as needed.
- Collects and places students' papers in a secure location designated by the classroom teacher. Returns instructional materials, equipment and keys to the proper place.
- Complies with and supports campus, district and state regulations and policies.
- Performs other related duties as assigned by building administrators in accordance with district/state policies and practices.

KNOWLEDGE–SKILLS–ABILITIES

- Must be able to follow oral & written directions and have the ability to establish effective working relationships with staff and students.
- Ability to maintain effective classroom management strategies.

SPECIAL REQUIREMENTS

- Candidates must be at least 21 years of age.
- Candidates must attend an orientation/training session and complete required District and State credentials requirements. (background checks, fingerprinting, emergency response, safety/sanitation and FERPA training)

PHYSICAL DEMANDS REQUIREMENTS

- All substitutes must complete entire assignments and check out through the main office. Job abandonment prior to the end of the assigned day will result in a reduction in compensation. Any substitute who fails to report or leaves early may not be invited to return.
- Duties/performances typically in school settings to include: classroom, gymnasium, cafeteria, auditorium and recreational areas.
- Frequent walking, standing, stooping & lifting approximately 15 pounds and occasionally lifting of equipment and or materials weighing up to 15 pounds may be required.
- Other physical activities may be required.
- Vocal communication is required for expressing or exchanging ideas by means of the spoken word: hearing is required to perceive information at normal spoken word level.
- Visual acuity is required for preparing and analyzing written or computer data determining the accuracy & thoroughness of work & observing general surroundings and activities.
- The worker is subject to inside and outside environment conditions & noise hazards. Occasional movement of students by wheelchairs & other mechanical devices may be required. Regular instructions to special needs children may be necessary.
- Daily personal & close contact with children to provide classroom management & learning environment support is required on assigned days.
- Regular contact with other staff members & building administrators is required on assigned days as a substitute.

If there is a question, problem or concern, I understand the district processes in place to get it resolved.

- The first step is to contact my administrator or supervisor.
- If there is a sexual harassment issue I must report it to my supervisor or to Kelly Taylor, Title IX Coordinator.
- If there is a CTE concern contact Dana Dworaczek CTE director.
- Special Education director is Jeana Bethany.
- After hours incident bullying report is located at www.calcoisd.org

EMPLOYEE HANDBOOK & DISTRICT POLICY

- The information in the Employee Handbook is subject to change. I understand that changes in district policies may supersede, modify or render obsolete information in the handbook. As the district provides updated policy information I accept responsibility Reading and abiding by the changes.
- All CCISD employees are subject to the acceptable use policies located in the Employee handbook.
- I understand that no modifications to contractual employees or alterations of an at-will employment relationships are intended by the Employee Handbook.

- I understand that I must notify the campus and district of any changes involving personnel information such as: phone number, address, etc. via the form from the personnel page 1. I will accept responsibility for contacting my supervisor & the personnel department if I have questions, concerns or need for further information.
- I understand that I am to access the handbook & policies online. If I am unable to access the handbook online I am to contact my campus administrators for assistance.

SUBSTITUTE NAME: _____ DATE: _____

ASSISTANT SUPERINTENDENT: FEDERAL, PUPIL & PERSONNEL SERVICES

_____ DATE: _____

CALHOUN COUNTY ISD SUBSTITUTE

(PAYROLL)

There are two categories of substitutes for the 2023-2024 school year.

A part-time substitute: works up to **14** days per month.

A full time substitute: available to work every school day per month.

I have signed up to substitute for the 2023-2024 school year at Calhoun County ISD. I understand that as a part time substitute I cannot work more than 14 days per any calendar month. As a full time substitute I understand that when needed I am able to work every day per month.

Substitutes are hired on a "**needed**" basis and are not guaranteed any number of days per month.

Please check one item below to denote which type of substitute you are requesting for the 2023-2024 school year.

_____ Part time substitute

_____ Full time substitute

Print Name

Date

Signature

CALHOUN COUNTY INDEPENDENT SCHOOL DISTRICT
Payroll Direct Deposit

Your payroll check may be direct deposited to any financial institution.

<p><input type="checkbox"/> I DO choose to participate in payroll direct deposit as indicated below.</p> <p><input type="checkbox"/> Please cancel my direct deposit as of _____ (date).</p> <p><input type="checkbox"/> Please change my direct deposit as indicated below.</p> <p><input type="checkbox"/> I DO NOT want to participate in direct deposit.</p>
--

If you wish to have your paycheck direct deposited, **you must provide the following information and attach a voided check from your bank.**

Employee Signature: _____ Date: _____
Employee ID Number: _____ Campus: _____
Name of Bank: _____
City/Town of Bank: _____
Name your account is listed under: _____
Type of account: checking _____ savings _____
Account number: _____
Bank routing number: _____
Split deposit amount \$ _____

You can deposit your check in one or two accounts. If you choose to use two accounts, the above information is needed for each account and you must specify the amount to be deposited in the first account, then the remainder of your check will go to the second account. **We must have a voided check or printed form from the bank for each account.**

Questions may be directed to Shannon Wagner or Sherry Roberts at 552-9728.

2023-2024 EMPLOYEE DATA/EMERGENCY SHEET

Section 1: Welcome back! The information here is submitted to the personnel/administration office and is private. We will use the information provided here and the CCISD district website/staff directory for all professional contact information. No social security numbers are requested. Changes after August 14th must be submitted on the Employee Data Change Form located on the Personnel webpage or picked up at the District Office. Our hope is that an electronic form is more convenient for our faculty and staff as we start the school year.

Kelly Taylor Assistant Superintendent

***Required:**

1. EMAIL:

Personnel, Contact & Emergency Information:

Section 2: The information here is used to contact you or An emergency contact, if needed. Please be sure to list An emergency contact. Illness, accidents etc. are Unexpected and we need to be able to contact someone To help if there is an emergency. Your contact information Will be updated in Ascender.

2. Employee Last Name:

3. Employee First Name:

4. Since last year, did your address or contact information change?

Mark only one oval.

No changes to my personal and contact information. MOVE TO section 3 with ****** QUESTIONS BELOW.

Yes, I have changed some information, so I will complete section 2.

I do not know, so I will complete section 2.

5. Gender

Mark only one oval.

Female

Male

6. Ethnicity: (Must choose only one)

Check all that apply

Yes- Hispanic/Latino

No- Not Hispanic/Latino

7. Race: (May choose more than one below)

Check all that apply

African American

Asian

Native American

Pacific Islander

White

8. Mailing: Street Address

9. City, State

10. Zip Code

11. Contact Number

12. Marital Status:

Mark only one oval.

Single

Married

Divorced

Widowed

13. Physical Home Address: This is critical in case of emergency if you have a PO box.

14. City, State and Zip Code

15. Home Email Address: For Personnel or Administrative use if the CCISD system is disabled or if an employee does not have a CCISD account.

16. Birth Date

Example January 7, 2019

17. Name of Spouse or Emergency Family Contact

18. Phone Number

Alternate Emergency Contact

Please list the name and address of someone not in your immediate household. If something happens to you and your family member, a non-household member may be contacted in an emergency.

19. Name

20. Relationship

21. Address

22. Telephone

Job Information

Section 3 Please identify your location and job title.

23. * Campus/Department

Mark only one oval.

- CHS
- TRAVIS
- SEADRIFT
- POC
- JR
- Hope/Flex
- HJM
- District Office
- Transportation
- Technology
- Special Programs
- Maintenance
- Nutritional Services
- District Wide- for substitutes
- Other

24. * Job Assignment 2022-2023

Mark only one oval.

- Teacher: Certified-Classroom, Support, Special Education, RTI/Intervention, Campus Instructional Specialist
- Assistant Principal
- Campus Para-Professional Instructional/ SPED
- Campus Para-Professional Office/ Clerical
- Counselor
- Transportation : bus drivers, mechanics, aides, bus monitors, assistant/ office / clerical paraprofessional
- Diagnostician- SPED
- District Instructional Specialist, Technology/Testing
- District Offices: Para-Professional, Assistants, Clerks
- Director: Nutrition Services, Technology, Transp/Maint, Special Progs,
- Maintenance: Custodian, yard crews, plumber, electrician, carpenter,assistant/ office / clerical paraprofessional
- Non-Teaching Professional
- Nutrition Services: All cafeteria , nutrition services
- Principal
- Technology Department: Campus support, district technicians, paraprofessional
- Assistant Superintendent/ CFO
- Superintendent
- Nursing: RN/LVN
- Librarian
- Substitute
- Other

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