

**CALHOUN COUNTY INDEPENDENT SCHOOL DISTRICT SUBSTITUTE TEACHER/SUBSTITUTE AIDE CHECKLIST**  
**(UPDATED 7/15/21)**

**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 I-9 that establishes identity for employment--2 pages of instruction and I-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 day
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 cancelled) \$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**



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



## EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

<b>Personal Data</b>	Date of Application _____ Social Security Number _____																			
	Name _____ <small style="margin-left: 100px;">Last</small> <span style="margin-left: 200px;"><small>First</small></span> <span style="margin-left: 100px;"><small>Middle Initial</small></span>																			
	Address _____ <small style="margin-left: 100px;">Street Box</small> <span style="margin-left: 150px;"><small>City</small></span> <span style="margin-left: 50px;"><small>State</small></span> <span style="margin-left: 50px;"><small>Zip Code</small></span>																			
	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>																				
<b>Position Data</b>	Position for which you are applying _____																			
	Type of Employment: Full Time _____ Part Time _____ Summer Only _____																			
	Date available _____																			
	Former Calhoun County ISD Employee? <input type="checkbox"/> Yes <input type="checkbox"/> 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>																				
<b>Education/Training</b>	Check highest level attained.																			
	<input type="checkbox"/> Not high school graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> GED <span style="margin-left: 100px;"><input type="checkbox"/> Two or more years of college</span> <span style="margin-left: 100px;"><input type="checkbox"/> Other training or education _____</span> <input type="checkbox"/> High School graduate <span style="margin-left: 100px;"><input type="checkbox"/> Bachelors Degree</span> <input type="checkbox"/> Less than two years in college <span style="margin-left: 100px;"><input type="checkbox"/> Masters Degree _____</span> <input type="checkbox"/> Licenses/certifications held _____																			
	<b>Schools Attended: List all applicable information.</b>																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name of School and Location</th> <th style="width: 20%;">Course of Study Major/Minor Fields</th> <th style="width: 20%;">Diploma, Degree, or Certificate</th> <th style="width: 20%;">Year Graduated</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree, or Certificate	Year Graduated												
	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







# 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:

# SCHOOL DISTRICT

## Disclosure To Employment Applicant Regarding Procurement Of A Consumer Report

---



In connection with your application for employment, we may procure, or cause to be procured, a consumer report (excluding credit information, but including public record information), on you as part of the process of considering your candidacy or status as an employee or volunteer with the School District (ISD). The ISD will use sources including, but not limited to, NCTC, PO Box 3790, Lubbock, TX 79452-3790 and the Texas Department of Public Safety to procure criminal history information. In the event that information from a report is utilized in whole or in part in making an adverse decision with regard to your status as an employee, the ISD will provide you with a copy of the consumer report, as allowed by law, and a written description of your rights under law.

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

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. (This is not a consent form, but serves as information for the applicant.) 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 at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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.

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

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b> <b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	



**CALHOUN COUNTY INDEPENDENT SCHOOL DISTRICT  
PORT LAVACA, TX 77979**

**2021-2022 DATA SHEET**

The CCISD Personnel Office **MUST** be notified in the event any change is made in the following information:

**Please check your choices below:**

- May we publish your address in the directory?       Yes       No  
May we publish your telephone number in the directory?       Yes       No  
May we publish your home E-Mail address in the directory?       Yes       No

NAME \_\_\_\_\_ Date \_\_\_\_\_

**GENDER:**       Male       Female

**ETHNICITY:** (*Must choose only one*)       Yes-Hispanic/Latino       No-Not Hispanic/Latino

**RACE:** (*Can choose more than one below*)

Native American       Asian       African American       Pacific Islander       White

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL (HOME) \_\_\_\_\_ E-MAIL (SCHOOL) \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_ EMPLOYEE ID# \_\_\_\_\_

CAMPUS/DEPT \_\_\_\_\_ DRIVER'S LICENSE# \_\_\_\_\_

JOB ASSIGNMENT \_\_\_\_\_

Marital Status:       Single       Married       Divorced       Widowed

Name of Spouse: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list the name and permanent mailing address of someone outside your immediate household who would be most likely to know how to reach you in the event the District needs to contact you (parents, brothers, sisters, friends).

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE PERSONNEL OFFICE**

Personnel Use Only:      Date of Hire \_\_\_\_\_ Contract Days \_\_\_\_\_ Hours Worked \_\_\_\_\_





---

Personnel Department  
525 N. Commerce  
Port Lavaca, Texas 77979  
(361) 552-9728 • Fax (361) 551-2649  
E-mail: personnel@calcoisd.org

---

Calhoun County  
Independent School District

## 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 needs are met with 40 substitutes, there will be no need to have 200 on the substitute list.

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

---

Applicant's Signature

---

Date





# 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 the 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 fixed accounts, money market accounts and a broad portfolio of stocks and bonds.

If interested, please contact the payroll department for more information.

---

Substitute's Signature

---

Date



## Employee's Withholding Certificate

▶ **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.**

2021

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	<b>(b) Social security number</b>
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), 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) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . .

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	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 and enter the total here . . . . . <b>3</b> \$ _____	
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b> \$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b> \$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b> \$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ _____ ▶ <b>Date</b>

<b>Employers Only</b>	Employer's name and address <b>Calhoun County ISD</b> <b>525 N Commerce</b> <b>Port Lavaca, TX 77979</b>	First date of employment	Employer identification number (EIN)  <b>74-6001926</b>
-----------------------	---	--------------------------	---

## General Instructions

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), 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 2021 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, 2022.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

## Specific Instructions

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

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

If you (and your spouse) have a total of only two jobs, you may instead 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2021 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.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 . . . . . **1** \$ \_\_\_\_\_
  
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
  
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
  
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** *(Keep for your records.)*



- 1 Enter an estimate of your 2021 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:  $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **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 possessions 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 Widow(er)**

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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

**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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

**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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



CALHOUN COUNTY ISD  
029901 PERSONNEL POSITIONS:  
LETTER OF REASONABLE ASSURANCE

LETTER OF REASONABLE ASSURANCE

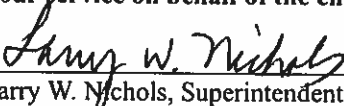
TO: All Non-Contractual and Substitute Employees

DATE: April 21, 2021

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.

  
\_\_\_\_\_  
Larry W. Nichols, Superintendent of Schools

  
\_\_\_\_\_  
Kelly Taylor, Assistant Superintendent

Please check the position which is applicable to you.

<b><u>NON-CONTRACTUAL:</u></b>	<input type="checkbox"/> Paraprofessional/ Aide/ Fellow/ Officer	<input type="checkbox"/> Teacher/ LSSP	
	<input type="checkbox"/> Transportation	<input type="checkbox"/> Food Service	
	<input type="checkbox"/> Maintenance/Custodian	<input type="checkbox"/> Respite Prog.	
<b><u>SUBSTITUTE:</u></b>	<input type="checkbox"/> Food Service	<input type="checkbox"/> Maintenance/Custodian	<input type="checkbox"/> Respite Prog.
	<input type="checkbox"/> Paraprofessional	<input type="checkbox"/> Teacher	<input type="checkbox"/> Transportation

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

Please complete the following information and return the original letter to the campus main office. Substitutes please return to the Personnel Office, Calhoun Co.ISD, 525 N. Commerce St., Port Lavaca, TX 77979 within 10 days of the employment recommendation.

**I would like to retain my status as a 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

**SUBSTITUTE ONLY: Annual District training is required prior to services. It will be held at the Travis Middle School Science building on July 20, 2021, at 8:30 am. Please visit Calcoisd.org for the sub schedule I will be available to work beginning August 2021.**

I will be available to serve as a substitute at all campuses except \_\_\_\_\_.





**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>	
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.	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	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

STOP **Employer Completes Next Page** STOP



**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.")*

<b>Employee Info from Section 1</b>	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		<div style="border: 1px solid black; padding: 5px;">           Additional Information         </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>
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.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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
--	---------------------------	---

**TB Questionnaire**

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 \_\_\_\_\_





**CCISD Professional Dress**  
**Professionals, Paraprofessionals and Substitutes**  
**2021-2022**

"The dress and grooming of district employees shall be clean, neat, in a manner appropriate for their assignments, and in accordance with any additional standards established by their supervisors and approved by the superintendent." CCISD, Board Policy DH (Local)

All employees should subscribe to and follow a daily minimum dress code that exceeds that of students and can be best described as "**dress /business casual.**" For campus and office assignments, please project a professional image while dressing for the south Texas weather. For summer attire, please see page 2.

1. **Facial coverings are optional, per the 2021-2022 Safe Return Plan. Protective/ safety equipment is subject to change based on the recommendations of the Commissioner of Education and the Superintendent of Schools.**
2. If remote teaching through video or through live stream, employees must maintain the same standard of professional presentation as when on campus. If an instructional employee is approved to work from home due to illness or quarantine, remote teaching will be synchronous.
3. Employee ID tags must be worn while on duty.
4. Slacks with a professional fit are appropriate. Capri and cropped pants should be no shorter than mid-calf. No shorts are to be worn at any time while working in a professional capacity unless coaching.
5. During the traditional school year, blue jeans may be worn **only on Fridays** with a school spirit shirt or a professional style shirt in school colors. Jeans should not be unduly faded or contain holes. Colored jeans may be worn as long as they meet the professional dress code. Blue jeans and a college or spirit shirt may be worn on **state testing days ONLY** (**not benchmarks, semester exams or common assessment days**). Jean passes will be printed through the personnel office and initialed by the executive staff. Administrators, counselors, office staff and district office personnel greet the public. This group should maintain a traditional professional dress Monday-Thursday and professional-style spirit dress on Fridays.
6. Staff should not wear shorts or gym attire while serving in a classroom or office or when serving the public. Hats, caps, or other head apparel are not permitted. Exceptions: CTE teachers/ coaches may wear appropriate gear for assigned activities.
7. Spirit t-shirts may be worn on Fridays if professional in appearance. Excessively worn T-shirts, halter tops, exposed midribs, strapless and/or low cut tops, exposed backs, spaghetti straps, see-through clothing, and tanks with oversized armholes are not permitted. Undergarments shall not be visible or exposed.
8. Skirts and dresses should be of a respectable, modest length (at minimum, fingertips). Leggings may be worn under a dress if the length requirement is met. Undergarments shall not be visible or exposed.
9. No shower type flip-flops or rubber clogs (Crocs) may be worn at school.
10. Visible tattoos and similar body paintings that promote violence or reflect gang activity are prohibited. Visible tattoos and similar paintings that are considered offensive, inflammatory or disruptive to the learning environment are prohibited.
11. In keeping with professional decorum, hair must be a natural color, ears are the only exposed areas of the body on which pierced jewelry may be worn and only professional style jewelry is permitted.
12. Staff members may dress casually for **workdays** as directed by the campus principal or supervisor. Professional dress is expected for in and out of district **workshops and staff development**.

**CCISD Professional Dress  
Professionals, Paraprofessionals and Substitutes  
2021-2022**

All employees are role models and should dress accordingly. Questionable attire will be addressed on an individual basis by the principal or supervisor.

CCISD policy EMB (Local) , "The District shall address controversial topics in an impartial and objective manner. Teachers shall not use the classroom to transmit personal beliefs regarding political ... issues. "

**SUMMER ATTIRE**

CCISD "The dress and grooming of district employees shall be clean, neat, in a manner appropriate for their assignments, and in accordance with any additional standards established by their supervisors and approved by the superintendent." CCISD, Board Policy DH (Local)

All employees should subscribe to and follow a daily minimum dress code that exceeds that of students and can be best described as "**dress business casual.**" For summer school and office assignments, please project a professional image while dressing for the south Texas summer.

**CCISD Professionals, Paraprofessionals and Substitutes:**

1. **For campus summer school staff only:** Jeans and a professionally worn spirit/ professional style shirt is appropriate. However, jeans should not be unduly faded or contain holes. Undergarments shall not be visible or exposed.

2. **For all office and administrative staff:** Slacks with a professional fit are appropriate. Capri and cropped pants should be no shorter than mid-calf. Colored jeans may be worn as long as they meet the professional dress code and length. Jeans may be worn on the last day of the week with a spirit shirt. Administrators, counselors, office staff and district office personnel greet the public. This group should maintain a traditional professional dress Monday-Thursday and professional-style spirit dress on Fridays.

All other professional dress standards continue to be in place.

All employees are role models and should dress accordingly. Questionable attire will be addressed on an individual basis by the principal or supervisor.

CCISD policy EMB (Local) , "The District shall address controversial topics in an impartial and objective manner. Teachers shall not use the classroom to transmit personal beliefs regarding political... issues. "