

SUBSTITUTE TEACHER
APPLICATION FOR EMPLOYMENT

GLADEWATER COUNTY LINE INDEPENDENT SCHOOL DISTRICT

Teaching Certification	<p>Certificates or Licenses Currently Held:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Valid Texas</p> <p><input type="checkbox"/> Valid Other State _____</p> <p><input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Category/Level(s) of Certification: _____</p> <p>Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Teaching Experience	List teaching experience beginning with most recent years.			
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
	Reason for leaving		Reason for leaving	
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
Reason for leaving		Reason for leaving		

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Other Work Experience & Reference Information	Please provide a list of all other jobs or administrative positions you have held in the past 10 years . Attach additional sheets if necessary. Attach résumé if available.			
	Employer name and location		Employer name and location	
	Your position/title held		Your position/title held	
	Dates employed		Dates employed	
	Reason for leaving		Reason for leaving	
	Reference Info: Supervisor's name, title, phone number, and email address		Reference Info: Supervisor's name, title, phone number, and email address	
	Employer name and location		Employer name and location	
	Your position/title held		Your position/title held	
	Dates employed		Dates employed	
	Reason for leaving		Reason for leaving	
Reference Info: Supervisor's name, title, phone number, and email address		Reference Info: Supervisor's name, title, phone number, and email address		

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

**Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status.*

The district Title IX Coordinator is
Dr. Sedric Clark - Superintendent
200 East Broadway, Gladewater, TX 75647; Phone 903-845-6991.

GLADEWATER INDEPENDENT SCHOOL DISTRICT
Substitute Teacher Checklist

Your name will not be added to the list until all of this information has been completed and returned to our office.

1. _____ Application – Complete and return the entire application.
2. _____ Gladewater ISD Criminal History Information Request– Complete all information and return.
3. _____ DPS Computerized Criminal History (CCH) Verification- Sign, date, and return this form.
4. _____ W-4 – Complete all information and return.
5. _____ Copy of Driver’s License
6. _____ Copy of Social Security Card
7. _____ Copy of High School Diploma or GED
8. _____ Ethnicity and Race Data Form – Be sure to answer Part 1 and Part 2, sign, date, and return this form.
9. _____ Release of Personal Information Form – Complete all information and return this form.
10. _____ Personal Identification Data Form - Complete and return form.
11. _____ Health Insurance Form – This form must be completed as instructed before your name can be added to the list.
12. _____ Basic Information About Health Care Offered By The District Sign, date, and return form.
13. _____ Notice to Employees: Affordable Care Act – Please read and keep for your information.
14. _____ Direct Deposit Authorization Form – Complete all information, attached a voided check, and return.
15. _____ Substitute Teachers Availability Statement – Complete all information and return.

16. _____ General Requirements for Substitute Teachers – Please read and keep for your information.
17. _____ Dress and Grooming Information – Please read and keep for your information.
18. _____ Substitute Teacher Training (For Non-Certified Applicants Only) - You must complete this online training before you will be added to the list. Follow the Online Substitute Training instructions from the enclosed form. Upon completion of this online training you will need to bring a copy of your certificate of completion to Debra Money at the Gladewater ISD Administration office.
19. _____ Fingerprinting - Each substitute must be fingerprinted. If you have not been fingerprinted for a **school district** in the past you will receive an email once your application has been processed so you can schedule your fingerprinting appointment.
20. _____ Welcome Letter - Please read and keep for your records.
21. _____ Campus Information – Please read and keep for your records.
22. _____ Employee Access – Please keep this information. You will need to login and create your account **AFTER YOU HAVE SUBBED THE FIRST DAY OF THIS SCHOOL YEAR.** You will not have access until after you have subbed.
23. _____ Insurance Cost Information – Keep for your records.
24. _____ TRS ActiveCare Plan Highlights - Keep for your records.
25. _____ Employment Eligibility Verification – Complete front page only where marked and return.
26. _____ Texas Employer New Hire Reporting Form – Complete where marked and return.
27. _____ School Calendar – Keep for your records.

Additional Information:

If you have a Masters or Bachelors Degree we will need an original official transcript to determine your pay.

GLADEWATER ISD CRIMINAL HISTORY INFORMATION REQUEST

Confidential*

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

Please print.

Name ✓ _____
 Social Security Number ✓ _____ *Last* *First* Date of birth ✓ _____ *Middle*
 Driver's License ✓ _____
 Mailing Address ✓ _____ *State and Number*
 _____ *Street* *City* *State* *Zip*
 Phone Number ✓ _____

✓ Sex: Male Female ✓ Ethnicity: Black White/Other

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

✓ _____
Signature

✓ _____
Date

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

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

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

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: 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.

Multiple Jobs or Spouse Works

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: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

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)

Please remember to include a copy of the following:

1. Driver's License
2. Social Security Card
3. High School Diploma or GED

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

✓ **Part 1. Ethnicity:** Is the person Hispanic/Latino? *(Choose only one)*

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- NotHispanic/Latino**

✓ **Part 2. Race:** What is the person's race? *(Choose one or more)*

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

✓ _____
Staff Name (please print)

✓ _____
Staff Signature

_____ Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one: _____ Hispanic / Latino _____ NotHispanic/Latino	Race – choose one or more: _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White
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Observer signature:	Campus and Date:
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GLADEWATER ISD AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

✓ Name _____

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

- Home Address
- Personal Email Address
- Home Telephone Number
- Personal Cell Phone Number
- Emergency Contact Number
- Information that reveals whether you have family members

Public Access?

Make a selection > No Yes

This form should be completed and signed by the employee no later than the 14th day after the date the employee begins employment, the public official is elected or appointed, or a former employee or official ends employment or service.

✓ Employee Signature _____

✓ Date _____



GLADEWATER ISD
PERSONAL IDENTIFICATION DATA

Date: _____

Full Name: _____
Last First Middle

Maiden Name: _____

Mailing Address: _____

Physical Address if different from above:

Home Phone: _____

Cell Phone: _____

Email address: _____

Social Security #: _____

Birth Date: _____

Gender: _____

Are you receiving Texas Teacher Retirement (TRS) benefits? _____

Section 1 – Employee Information

Gladewater ISD		September 1, 2023-August 31, 2024			
Employee Name:		Social Security Number:		Date of Birth:	
Annual Salary:	Gender:	Hire Date:	Campus:		
Mailing Address (Street Apt):			City	State	Zip
Home Phone Number:			Place of Birth		

Section 2 – Family Information

Dependent Name	Date of Birth	Gender	SS Number	Occupation	Beneficiary (% must total 100%)	
					Primary	Contingent
Spouse						
Child						
Child						
Child						

Section 3 – Benefit Election

TRS BCBS Medical: <input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax <input type="checkbox"/> Waive <input type="checkbox"/> ActiveCare Primary <input type="checkbox"/> ActiveCare HD <input type="checkbox"/> ActiveCare Primary + <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family		Health Savings Account (HSA) <input type="checkbox"/> Waive <input type="checkbox"/> Individual Coverage (Maximum Annual Amount - \$3,850) \$_____ Annual Contribution <input type="checkbox"/> Family Coverage (Maximum Annual Amount - \$7,750) \$_____ Annual Contribution You are not eligible for an HSA if you have a "general purpose" health Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA) through your employer or your spouse's employer which allows reimbursement of your medical expenses.		Superior Vision: (Pre-tax) <input type="checkbox"/> Waive <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family Recuro Telemedicine (Pre-Tax) <input type="checkbox"/> Employee only <input type="checkbox"/> Employee & Family			
MetLife Dental <input type="checkbox"/> Waive Reimbursement: (Pre-tax) <input type="checkbox"/> High Plan <input type="checkbox"/> Low Plan <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family Hospital Indemnity Plan <input type="checkbox"/> Waive <input type="checkbox"/> Low Plan <input type="checkbox"/> High Plan <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Family <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child		Standard Disability: (After-Tax) <input type="checkbox"/> Waive Elimination Period: <input type="checkbox"/> 7 Day <input type="checkbox"/> 14 Day <input type="checkbox"/> 30 Day <input type="checkbox"/> 60 Day <input type="checkbox"/> 90 Day <input type="checkbox"/> 180 Day Monthly Benefit Amount: _____ Premium: \$_____		MetLife Accident: (Pre-tax) <input type="checkbox"/> Waive <input type="checkbox"/> Basic <input type="checkbox"/> Enhanced <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family Premium: \$_____		AFA Cancer: (Pre-tax) <input type="checkbox"/> Waive <input type="checkbox"/> Basic Plan <input type="checkbox"/> Enhanced Plan <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Family Premium: \$_____	
BCBS Group Life (After-tax) <input type="checkbox"/> Waive <input type="checkbox"/> Employee Coverage \$ _____ Monthly Premium \$ _____ <input type="checkbox"/> Spouse Coverage \$ _____ Monthly Premium \$ _____ <input type="checkbox"/> Child(ren) \$ _____ Monthly Premium \$ _____		Allstate Critical Illness: (Pre-tax) <input type="checkbox"/> Waive <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> Non Tobacco <input type="checkbox"/> Tobacco <input type="checkbox"/> Employee <input type="checkbox"/> Employee & Family		Flexible Spending Accounts <input type="checkbox"/> Waive <input type="checkbox"/> Medical Reimbursement (Maximum Annual Amount - \$3,050) \$_____ Annual Contribution <input type="checkbox"/> Dependent Care Reimbursement (Maximum Annual Amount - \$5,000) \$_____ Annual Contribution		Texas Life <input type="checkbox"/> Waive <input type="checkbox"/> Employee Coverage \$ _____ Premium \$ _____ <input type="checkbox"/> Spouse Coverage \$ _____ Premium \$ _____ <input type="checkbox"/> Child(ren) \$25,000 or \$50,000 Premium \$ _____	
This election form revokes any prior election form completed and will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a change in family status. I understand that I have verified the benefits elected above and authorize any payroll deductions required for those elections.							
Employee Signature: x _____ Date: ____/____/____							

Basic Information About Health Care Offered By The District
(to be completed by the district)

If you decide to shop for coverage in the Marketplace, below is the employer information you will enter at HealthCare.gov to find out if you are eligible for a premium tax credit.

This information is numbered to correspond to the Marketplace application.

3. Employer name Gladewater ISD	4. Employer Identification Number (EIN) 75-6001670	
5. Employer address 200 E. Broadway	6. Employer Phone Number (903) 845-6991	
7. City Gladewater	8. State TX	9. Zip Code 75647
10. Who can we contact about employee health coverage at this job? Jennifer Atchley Payroll/Benefits		
11. Phone number (if different from above) (903) 845-6991 ext. #608		12. Email address atchleyj@gladewaterisd.com

The district offers health coverage through TRS-ActiveCare to all eligible employees and their eligible dependents. Eligibility is described in the ActiveCare Enrollment Guide. The coverage offered by ActiveCare meets the minimum value standard and the cost of this coverage to you is intended to be affordable.

* _____
Signature

* _____
Date

Keep

Notice to Employees: Requirements of the Affordable Care Act

As of January 1, 2014, the Affordable Care Act (ACA) requires you to have health insurance for yourself and your dependents. Some people are exempt from this requirement. To learn how to apply for an exemption see: *Questions and Answers on the Individual Shared Responsibility Provision*, www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision. If you do not have health insurance and you are not exempt, you may be subject to a penalty (see www.healthcare.gov/what-if-someone-doesnt-have-health-coverage-in-2014). The penalty takes effect on the first day of the 2014 plan year. (September 1, 2014).

Enrollment in TRS-ActiveCare satisfies the requirement to have health insurance. The TRS-ActiveCare Enrollment Guide explains who is eligible to enroll in ActiveCare. Enrollment in another plan, such as through a spouse, parent, or association, also satisfies the requirement to have health insurance if the plan provides minimum essential coverage.

As an alternative to ActiveCare or another health insurance program, you may enroll in insurance through the Health Insurance Marketplace. In Texas, the Marketplace is a federal government program that will offer “one-stop shopping” to find and compare private health insurance options. Most individuals are eligible to enroll in insurance through the Marketplace. The Marketplace will begin enrollment in October 2013 for coverage beginning in January 2014. For information on the Marketplace, see www.healthcare.gov.

You may be eligible for a premium tax credit or other assistance toward insurance obtained through the Marketplace, depending on your household income. More information on the premium tax credit and other cost sharing provisions is available at www.healthcare.gov. Please note that the district will not contribute to premium costs if you enroll in insurance through the Marketplace. Also, you will lose the benefit of paying the premium with pre-tax income if you purchase insurance through the Marketplace.

Additional information. If you have questions or concerns about the health insurance offered through the district, please contact: [Jennifer Atchley](mailto:jennifer.atchley@dalton.k12.tx.us) at (903) 845-6991 ext #608. Questions about the Marketplace and how the Affordable Care Act impacts you as an individual should be address to www.healthcare.gov or your personal attorney.

2023-2024

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Gladewater ISD to make deposits into my checking/savings account at the financial institution listed below. If necessary, I also authorize Gladewater ISD to initiate adjustments for any transactions credited to my account in error.

This authority will remain in effect until I notify Gladewater ISD, using this form, of a change to my bank/account no later than the 3rd workday of the month in which such change shall be effective.

Please Print Clearly:

PRINT YOUR NAME HERE

SIGN HERE

DATE

Please Mark One: Checking Account _____ Savings Account _____

.....
**Attach voided check or other paper with routing and account numbers
typed or imprinted by bank.**

ATTACH VOIDED CHECK OR OTHER DOCUMENT HERE.

Payroll Office Use Only

_____ **Bank Code**

Pre-Note? Y N

Complete
and return

Substitute Teacher Availability Statement Gladewater Independent School District

Are you a certified teacher in Texas?

Yes

No

Have you completed a substitute teacher course through Region VII ESC, Kilgore College or the online training with Region IV ESC?

*Not required for certified teachers in Texas

Yes

No

Please indicate the grades that you are willing to teach:

Head Start – 1 _____ Gladewater Primary School

2 – 5 _____ Weldon Elementary School

6 – 8 _____ Gladewater Middle School

9 – 12 _____ Gladewater High School

_____ Truman Smith Children's Center

_____ GISD Administration Office

_____ Tax Office

_____ Food Service

_____ Bus Driver * Must have CDL with PS End.

_____ Transportation Secretary

Please indicate the days of the week that you will be available:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

How much time do you require for notification of a substitute teacher's job?

Are you presently employed by another school district as a Substitute Teacher?

Yes _____ No _____ (If yes, please list school district)

School District

Address

School District

Address

Date

Applicant's Signature

Keep

GENERAL REQUIREMENTS FOR SUBSTITUTE TEACHERS

1. You will need to report to school by 8:00. Each campus will have a sign in sheet that you will need to complete. You will also need to clock in and out using your number on the back of your I.D. badge. If there is a question about the days that you work, we will verify days by this list.
2. Become familiar with the handbook. The principal will have some specific information for teachers regarding discipline, preparation for lunch, going to special classes, use of aides, etc.
3. Before leaving after school in the afternoon, please report back to the principal's office. This will give you an opportunity to communicate with the principal without a phone call.
4. Get acquainted with teachers in adjoining classrooms, and let them know you are substituting. They will be happy to assist you in becoming familiar with the school environment.
5. Substitute teachers are to comply with the employee dress code.
6. Substitute teachers are to conform to all school regulations as required of any full-time teachers on the days you are substituting.
7. If, after accepting a substitute assignment, you find that you will be unable to fulfill the obligation, please call the principal immediately.
8. Substitute teachers are reminded that you are to have a professional attitude toward students and teachers. Each student has a right to privacy concerning his abilities and achievements. This information should not be discussed except with those dealing directly with the student.
9. Substitute teachers are required to wear an I.D. badge at all times.

Gladewater ISD: Employee Dress and Grooming


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.

Employees shall exhibit good taste and professional judgment in selection of school apparel. Further, employees are expected to dress more formally than the students unless the individual job assignment precludes this. If in doubt regarding the appropriateness of any item of clothing employees are encouraged not to wear the item to school.

The following guidelines shall apply:

- Halter tops, tank tops, midriff tops, undershirts, T-shirts, low necklines, and see through tops shall not be permitted. Women shall be allowed to wear sleeveless garments.
- Hemlines for skirts and dresses shall be no more than two inches above the knee when standing and without exaggerated slits. Shorts of any type shall not be permitted.
- Appropriate undergarments shall be worn and not be visible.
- All outer garments shall fit properly, not be overly tight, or excessively baggy.
- Beach, shower, and house shoes or flip-flops shall not be permitted. Men shall not wear sandals.
- Shirts with tails shall be tucked. Shirts without tails shall be no longer than wrist length.
- Belts shall be required with pants and skirts with belt loops.
- Jeans, wind suits, and spirit T-shirts may be worn on Fridays, workdays, staff development days, field trips, field days, and special event days designated by the principal. Ragged or torn jeans shall not be permitted. Knee length shorts shall be permitted on field trips if deemed appropriate by the principal.
- Physical education teachers, coaches, and band directors may wear sweatpants or gym shorts no more than three inches above the knee only during physical education, athletic, or band periods. Wind pants shall be allowable during academic periods. Sweat pants, wind pants, and shorts of any type shall not be worn by other employees.

- Hair shall be clean, trimmed from eyes, and well-groomed. Men shall have hair no longer than collar length. Beards and mustaches are permitted if neatly trimmed. Hair coloring shall resemble a natural color.
- Hats and caps shall not be worn inside the school building. Exceptions may be granted for medical or religious reasons and special events.
- Males shall not wear earrings. Females may wear no more than two earrings in each ear.
- Employees shall not wear jewelry in a pierced area other than the ear.
- Employees with tattoos shall keep them covered in an unadorned manner in all professional settings. Exceptions may be granted for special events.
- Clothing that advertises, condones, depicts, or promotes the use of alcohol, tobacco, or drugs shall not be permitted. Clothing with vulgar or obscene language or with images or writing that promotes disruption shall not be permitted.
- Dress may be adjusted for employees working in laboratories or with special needs students upon the recommendation of the principal. Auxiliary employees are exempted from the general guidelines, but shall comply with the guidelines specified by their supervisors.
- The district reserves the right to require employees to wear a mask/face shield.



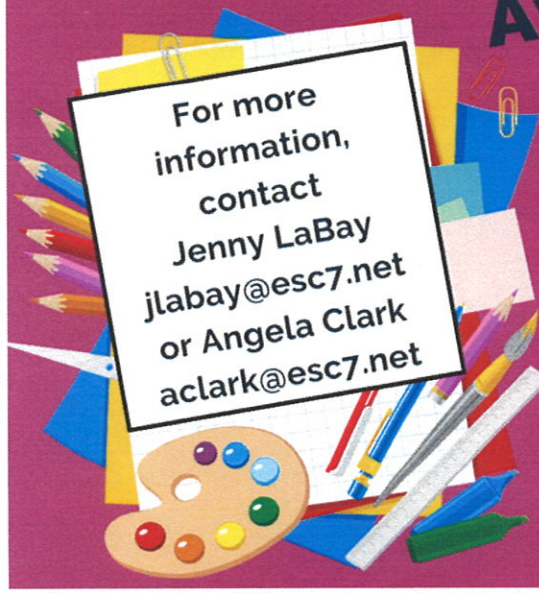
Substitute Training

Training for substitutes, including topics such as: professionalism, legal issues (confidentiality, student supervision, general health protocols, child abuse reporting, general student discipline information), and classroom management tips.

Online Course

**Available
All Year**

Session #234365



For more
information,
contact
Jenny LaBay
jlabay@esc7.net
or Angela Clark
aclark@esc7.net

*Available for
Complete Contract
Members*



Welcome, Substitute!

Gladewater ISD needs YOU! We're so glad you've chosen to contribute your time and skills to our students. Here are some important facts about your pay.

- **You will be paid directly from your sign-in sheet.**
Inaccurate or missing information will mean inaccurate or missing pay. Please be sure to do each of these when filling out and signing the campus sign-in sheet:
 - Print the correct date in MM-DD or MM/DD format. Ex. 09-01 or 09/11
 - **Print your ID#** (see ID list) **correctly and legibly**: VERY IMPORTANT.
 - Sign your name legibly.
 - Print **F** if you sub for the same person the full day, **H** for a half-day.
 - Print the **1st initial** and **last name** of the person you are substituting for.
- **You will be required to clock for time worked.**
Every substitute will be required to clock in and out for time worked. Use your employee number to clock in and out at the campus terminal.
- **You will be paid for the days you worked in the prior month.**
Example: Days you work in August are paid in September. Days you work in September are paid in October.
 - **Pay Dates** – the 20th of each month or the Friday before if weekend or holiday. If you worked the prior month, your pay will be in your account no later than the Pay Date. Exception: We try to pay June days in June.
 - **Last Date for Change** – the 3rd school day of each month is the last day that you can give the payroll office a change to your bank account, income tax withholding information, name/address, etc. in time for that month's Pay Date. *Do not close your bank account without asking the payroll office where your next deposit will go.*
- **ASCENDER for employee payroll information**
We will no longer be mailing your direct deposit sheets to you. You will need to set up an account in ASCENDER. In Ascender you will be able to access and print your pay sheets and your W-2. Please see attached instructions for Ascender. If you request a hard copy of your pay sheet or your W-2 there will be a charge of \$5.
- **Recent TRS retirees must wait until September 1.** If you retired at the end of the prior school year, you must wait until September to be a substitute teacher.
- **Feel free to contact the payroll office.** If you have questions about your pay that are not answered in this letter, you can call me at 903-845-6991, ext. 608.

We welcome you to pick up your FREE desk calendar this fall, compliments of East Texas Professional Credit Union and Gladewater ISD at the GISD Administration.

Best wishes for a great school year!

Jennifer Atchley
Payroll / Benefits

Gladewater ISD Campus Information

1. Gladewater Primary School-
(Head Start – 1st Grade)

Kerry Hradecky – Principal
Donna Montgomery– Secretary
100 Gay Avenue
Gladewater, TX 75647
Phone: 903-845-2254
Fax: 903-845-5141
2. Weldon Elementary School-
(2nd Grade – 5th Grade)

Amanda Langford – Principal
Angie Harris – Secretary
314 Saunders Street
Gladewater, TX 75647
Phone: 903-845-6921
Fax: 903-845-6923
3. Gladewater Middle School-
(6th Grade – 8th Grade)

Rebecca Lanham – Principal
Brenda Garcia – Secretary
414 South Loop 485
Gladewater, TX 75647
Phone: 903-845-2243
Fax: 903-844-1738
4. Gladewater High School-
(9th Grade – 12th Grade)
& Truman Smith Center

Derrick Floyd – Principal
Monica Thomas – Secretary
2201 W. Gay Avenue
Gladewater, TX 75647
Phone: 903-845-5591
Fax: 903-845-3694

Keep

Ascender Employee Portal Login:

Use the following link to login into the employee portal. Follow instructions to set up your user account.

<https://portals07.ascendertx.com/EmployeePortal/login?distid=092901>

Create Account

The Create Account tab establishes security information for a new user. From the Employee Portal page, Click the **Create Account** tab. The Create Account page is displayed.

The screenshot displays the 'Create Account' page of the Ascender Employee Portal. At the top, there is a navigation bar with the 'Ascender Employee Portal' logo, a language dropdown set to 'English', and social media icons for Help, Facebook, Twitter, and LinkedIn. Below the navigation bar, there are two tabs: 'Login' and 'Create Account'. A progress bar indicates the current step is 'User Information', followed by 'Basic Information', 'Security Question', and 'Complete'. The 'User Information' section contains three input fields: 'Employee Number (000100):' with a value of 'Employee Number', 'Date of Birth (mm/dd/yyyy):' with a value of 'Date of Birth', and 'Zip Code (12345):' with a value of 'Zip Code'. At the bottom right, there are 'Next' and 'Cancel' buttons. The footer contains a disclaimer: 'Only authorized personnel are allowed to use the system for authorized purposes. By logging on, you acknowledge that you are an authorized user. © 2020 Texas Computer Cooperative' and an accessibility statement: 'TCC Accessibility Statement Supported Browsers: [Icons]'.

1. The Employee Number field is listed. Pay close attention to the beginning number of your Employee number. You will enter a 0, rather than a 9 like your badge may say.
2. In the Date of Birth field, type your birth date in the mm/dd/yyyy format.
3. In the Zip Code field, type your five-digit mailing zip code.
4. Click Next

5. This is the Basic Information Screen

ASCENDER
EMPLOYEE PORTAL

English Help

Login Create Account

User Information Basic Information Security Question Complete

User Name: User Name

Password: Password

Password Verification: Password Verification

Work E-mail: Work E-mail

Work E-mail Verification: Work E-mail Verification

Home E-mail: Home E-mail

Home E-mail Verification: Home E-mail Verification

Only authorized personnel are allowed to use the system for authorized purposes. By logging on, you acknowledge that you are an authorized user.
© 2020 Texas Computer Cooperative

Back Next Cancel Privacy Statement

6. You will create a User Name and a Password here. As you click on each box, it will display the parameters needed to complete each box.
7. Enter all boxes and hit Next
8. Here you will enter a Security Question, to be used if your password is forgotten.
9. Enter this information, then hit Next
10. On this final page, hit FINISH. This will set up your Employee Portal Account.

Gladewater ISD Employees:

Information about the Plans is included in the Enrollment Guide, which is available on the TRS web site (www.trs.state.tx.us) in the Active Members section. You should review the information carefully and select the plan and coverage that best meets your needs. You may want to access BCBSTX Find a Provider link (<https://www.bcbstx.com/trsactivecare>) to review the hospitals, physicians and other providers contracted for each of the TRS-ActiveCare Plans. Beginning September 1, 2023 your payroll contributions for the various options are as follows:

2022-2023 Plan Year	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
	Total Cost	Total Cost	Total Cost	Total Cost
TRS-ActiveCare Primary	\$442	\$1194	\$752	\$1503
TRS-ActiveCare HD	\$456	\$1232	\$776	\$1551
TRS-ActiveCare Primary+	\$520	\$1350	\$883	\$1713

If you have coverage with TRS ActiveCare and do not need or want to make any changes, you do not have to do anything. **All employees (existing or new) who need to decline coverage MUST do so.** TRS ActiveCare 2 is not eligible for open enrollment; it is not eligible to enroll in. If you are currently enrolled in ActiveCare 2, you may stay on it with the new rates.

2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 – Aug. 31, 2024



All TRS-ActiveCare participants have three plan options. Each includes a wide range of wellness benefits.

How to Calculate Your Monthly Premium

- Total Monthly Premium
- Your District and State Contributions
- Your Premium

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

- Being healthy is easy with:
 - \$0 preventive care
 - 24/7 customer service
 - One-on-one health coaches
 - Weight loss programs
 - Nutrition programs
 - Ovia™ pregnancy support
 - TRS Virtual Health
 - Mental health benefits
 - And much more!

*Available for all plans. See the benefits guide for more details.

New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> Lowest premium of all three plans Copays for doctor visits before you meet your deductible Statewide network Primary Care Provider (PCP) referrals required to see specialists Not compatible with a Health Savings Account (HSA) No out-of-network coverage 	<ul style="list-style-type: none"> Lower deductible than the HD and Primary plans Copays for many services and drugs Higher premium Statewide network PCP referrals required to see specialists Not compatible with a Health Savings Account (HSA) No out-of-network coverage 	<ul style="list-style-type: none"> Compatible with a Health Savings Account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$442	\$	\$519	\$	\$456	\$
Employee and Spouse	\$1,194	\$	\$1,350	\$	\$1,232	\$
Employee and Children	\$752	\$	\$883	\$	\$776	\$
Employee and Family	\$1,503	\$	\$1,713	\$	\$1,551	\$

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

Plan Features

Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$5,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Statewide Network	Nationwide Network
PCP Required	Yes	Yes	No	No

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,500/\$15,800	\$23,700/\$47,400
Nationwide Network	Nationwide Network
No	No

Doctor Visits	Primary Care	Specialist	Primary Care	Specialist	Primary Care	Specialist
	\$30 copay	\$70 copay	\$15 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible
					You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

Immediate Care	Urgent Care	Emergency Care	TRS Virtual Health-RealMD™	TRS Virtual Health-Reliance®
	\$50 copay	You pay 30% after deductible	\$0 per medical consultation	\$12 per medical consultation

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

Prescription Drugs	Drug Deductible	Generics (31-Day Supply/90-Day Supply)	Preferred	Non-preferred	Specialty (31-Day Max)	Insulin Out-of-Pocket Costs
	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical			

\$200 brand deductible	
\$20/\$45 copay	
You pay 25% after deductible (\$40 min/\$80 max)/	
You pay 25% after deductible (\$105 min/\$210 max)	
You pay 50% after deductible (\$100 min/\$200 max)/	
You pay 50% after deductible (\$215 min/\$430 max)	
\$0 if SaveOnSP eligible;	
You pay 30% after deductible	
\$25 copay for 31-day supply; \$75 for 61-90 day supply	
No 90-day supply of specialty medications	

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2

- Closed to new enrollees
- Current enrollees can choose to stay in plan
- Lower deductible
- Copays for many services and drugs
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals

What's New and What's Changing



This table shows you the changes between 2022-23 premium price and this year's 2023-24 regional price for your Education Service Center.

	2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	
TRRS-ActiveCare Primary	Employee Only	\$408	\$442	\$34
	Employee and Spouse	\$1,151	\$1,194	\$43
	Employee and Children	\$734	\$752	\$18
TRRS-ActiveCare HD	Employee and Family	\$1,378	\$1,503	\$125
	Employee Only	\$423	\$456	\$33
	Employee and Spouse	\$1,189	\$1,232	\$43
TRRS-ActiveCare Primary+	Employee and Children	\$759	\$776	\$17
	Employee and Family	\$1,422	\$1,551	\$129
	Employee Only	\$513	\$519	\$6
TRRS-ActiveCare 2 (closed to new enrollees)	Employee and Spouse	\$1,254	\$1,350	\$96
	Employee and Children	\$825	\$883	\$58
	Employee and Family	\$1,577	\$1,713	\$136
TRRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0
	Employee and Spouse	\$2,402	\$2,402	\$0
	Employee and Children	\$1,507	\$1,507	\$0
Employee and Family	\$2,841	\$2,841	\$0	

Key Plan Changes

- Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500.
- Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.
- Teladoc virtual mental health visit copay decreased from \$70 to \$0.

- Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500.
 - Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000.
- These changes apply only to in-network amounts.*

- Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.
- Primary care provider and mental health copays decreased from \$30 to \$15.
- Teladoc virtual mental health visit copay decreased from \$70 to \$0.

- No changes.
- This plan is still closed to new enrollees.

At a Glance

	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2023

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide (PHG) any time 24/7 to help you find the best price for a medical service. Reach them at 1-866-355-5999.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.

www.trs.texas.gov



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>	
<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>	
1. Alien Registration Number/USCIS Number: _____ OR	<small>QR Code - Section 1 Do Not Write In This Space</small>
2. Form I-94 Admission Number: _____ OR	
3. Foreign Passport Number: _____ Country of Issuance: _____	

✓ 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





*This page completed by Gladewater ISD.

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
List B Identity
List C Employment Authorization
Document Title, Issuing Authority, Document Number, Expiration Date
Additional Information
QR Code - Sections 2 & 3 Do Not Write In This Space

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
Human Resource Specialist
Last Name of Employer or Authorized Representative
First Name of Employer or Authorized Representative
Employer's Business or Organization Name
Gladewater ISD
Employer's Business or Organization Address (Street Number and Name)
City or Town
State
ZIP Code
200 East Broadway Ave.
Gladewater
TX
75647

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

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

Complete anything in the bottom section that has a ✓



Figure:1 TAC §55.303(c)(1)(B)

Texas Employer New Hire Reporting Form

Submit within 20 calendar days of new employee's first day of work to: ENHR Operations Center, P.O. Box 149224 Austin, TX 78714-9224 Phone: 1-800-850-6442 Fax: 1-800-732-5015 Online: www.employer.texasattorneygeneral.gov	To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example: <table border="1"><tr><td>A</td><td>B</td><td>C</td><td>1</td><td>2</td><td>3</td></tr></table>	A	B	C	1	2	3
A	B	C	1	2	3		

Employer Information

1. Federal Employer ID Number (FEIN): *(Please use the same FEIN that appears on quarterly wage reports)* _____
2. State Employer ID Number (Optional): _____
3. Employer Name: _____
4. Employer Address: *(Please indicate the address where the Income Withholding Orders should be sent)* _____
5. Employer City (if US): _____
6. State (if US): _____ 7. ZIP Code (if US): _____ - _____
8. Province/Region (if foreign): _____
9. Country (if foreign): _____ 10. Postal Code (if foreign): _____
11. Employer Telephone (Optional): _____ 12. Employer FAX (Optional): _____
13. New Hire Contact Person (Optional): _____

Employee Information

- ✓ 14. Social Security Number (SSN): _____ 15. Date of Hire (MM/DD/YYYY): ___/___/___
- ✓ 16. Employee First Name: _____
- ✓ 17. Employee Middle Name: _____
- ✓ 18. Employee Last Name: _____
- ✓ 19. Employee Home Address: _____
20. Employer City (if US): Gladewater
21. State (if US): TX 22. ZIP Code (if US): 75647 - _____
23. Province/Region (if foreign): _____
24. Country (if foreign): _____ 25. Postal Code (if foreign): _____
26. State Where Employee Was Hired (Optional): TX
- ✓ 27. Employee DOB (MM/DD/YYYY) (Optional): ___/___/___
28. Employee's Salary (Dollars and Cents) (Optional): \$ _____
29. Salary Frequency (Check One ONLY) (Optional):
 Hourly Weekly Biweekly Semi-Monthly Monthly Annually

23/24



GLADEWATER ISD

ACHIEVING EXCELLENCE TOGETHER

NINE-WEEK GRADING PERIODS / SEMESTERS

1st Nine Weeks	Aug 10 - Oct 13	46 Days
2nd Nine Weeks	Oct 23 - Dec 20	38 Days
1st Semester Instructional Days		= 84 Days
3rd Nine Weeks	Jan 9 - Mar 7	41 Days
4th Nine Weeks	Mar 19 - May 21	45 Days
2nd Semester Instructional Days		= 86 Days

Total Instructional Minutes = 78,075
 Total Instructional Days = 170

SCHOOL CLOSINGS

School closings due to weather or other circumstances will be announced on TV Channels 7, 19, and 56. School closings will also be announced via Blackboard Connect messages, and posted on Facebook, Twitter, and the GISD website.

EARLY RELEASE DAYS

Oct 13 • Nov 17 • Dec 20
 Feb 16 • Mar 7 • Mar 28 • May 21

BAD WEATHER DAYS

May 22-24. Student holidays if not used.

CALENDAR LEGEND

- [] Beginning/Ending of Nine-Week Grading Period
- Professional Learning (Student Holiday)
- PD Exchange Days (Student Holiday)
- Teacher Workday (Graduation May 24)
- Holiday for Students and Staff
- Student Early Release (12:55 PM) Teacher PD
- Early Release - Students/12:55PM • Employees 1:55PM
- Parent/Student/Teacher Meetings (Student Holiday)
- STAAR-EOC Testing Window
- Summer Hours: All GISD Offices Closed on Fridays

New Employee Orientation: July 31, 2023

JULY

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST

		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

DECEMBER

						1	2
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	

JANUARY

		1	2	3	4	5	6
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	31				

FEBRUARY

						1	2	3
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MARCH

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31								

APRIL

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MAY

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JUNE

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Substitute Teaching

Thank you for your interest in being a substitute for Gladewater ISD. Substitute applications are available online under the **Substitute Tab** and may also be picked up at the Gladewater ISD Administration Building which is located at 200 East Broadway, Gladewater, TX 75647. If you have questions regarding the substitute application or requirements please contact Debra Money at 903-845-6991 Ext. 607 or by email at moneyd@gladewaterisd.com.

Substitute Teacher Requirements:

- Valid Driver's License and Social Security Card
- Complete substitute teacher orientation.
- High School Diploma/GED or an original College Transcript
- Fingerprinting (through Texas Education Agency approved vendor)
- Completed Substitute Teacher application
- Criminal History Check

Substitute Pay Information

Payday is the 20th of each month. Your pay each month will be for days worked the prior calendar month. Example: You are paid on October 20th, you will be paid for all days worked for the month of September. If you have questions regarding salary please contact Jennifer Atchley at 903-845-6991 Ext. 608 or by email at atchleyj@gladewaterisd.com.

Substitute Daily Rates – Teaching Positions

*Individuals working 4 hours or less will receive one half day's pay.

- Non-Certified/Non-Degreed - \$80
- Bachelor Degree/Non-Certified - \$90
- Certified Teacher - \$110

Long Term Substitute Teacher Daily Rates

- Non-Certified/Non-Degreed - \$105
- Bachelor Degree/Non-Certified - \$115
- Certified Teacher - \$125

If you have questions regarding salary please contact Jennifer Atchley at 903-845-6991 Ext. 608 or by email at atchleyj@gladewaterisd.com.