

APPLICATION FOR SUBSTITUTE TEACHER

Revised 7 October 2020

*An Equal Opportunity Employer**

Date of application _____				
Personal Data	Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><i>Last</i><i>First</i><i>Middle initial</i></div>			
	Mailing address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><i>Street/Box</i><i>City</i><i>State</i><i>ZIP Code</i></div>			
	E-mail address _____			
	Home phone _____ Cell phone _____ Other phone _____			
	Other name that may appear on records _____			
	<i>(Used for certification, reference, and criminal history record checks)</i>			
<p>Are you receiving Teacher Retirement System (TRS) retirement benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you employed as a part-time employee by a TRS-covered employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(Required to determine if the district will be assessed a monthly surcharge as required by TRS rules.)</i></p>				
Assignment	Please list the days you are available to substitute and your assignment preferences.			
	Day(s) of week <input type="checkbox"/> Every day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
	Assignment <input type="checkbox"/> Any assignment <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education			
Preferred campuses: _____				
Position Data	Credentials included with application: <input type="checkbox"/> Résumé <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees			
	Have you been employed by _____ ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If you answered yes, provide dates of employment _____			
Education/Training	List the highest level of education attained: _____			
	Licenses and certificates granted _____			
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <i>(College only)</i>



APPLICATION FOR SUBSTITUTE TEACHER

Certification	Certificates or Licenses Currently Held: <input type="checkbox"/> None <input type="checkbox"/> Valid Texas <input type="checkbox"/> Valid Other State _____ <input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____ <input type="checkbox"/> Other: _____			
	Category/Level(s) of Certification: _____			
	Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification): _____ _____ _____			
Teaching Experience	List teaching experience beginning with most recent years. Attach additional sheets if necessary.			
	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		



APPLICATION FOR SUBSTITUTE TEACHER

Other Work Experience	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		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
	References	List references the district can contact regarding your work history.			
Full name of reference		School district/ firm name	Mailing address	Position/title	Area code/ phone number

APPLICATION FOR SUBSTITUTE TEACHER

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>_____</p> <p>_____</p> <p>(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)</p>
Verification	<p>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I authorize the references listed 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>I understand that I am required to report any outside employment with a TRS-covered employer to the district and provide a monthly record of hours worked so the district can determine if it will be subject to the monthly surcharge.</p> <div style="text-align: right; margin-top: 20px;"> <div style="display: inline-block; width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: inline-block; width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div> </div> <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. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The district Title IX Coordinator is Stephen Hermes Meyer, 200 E Highland, Comanche, TX 76442.



Comanche ISD provides health coverage to employees through TRS-ActiveCare. A district substitute is eligible to enroll in TRS-ActiveCare if the district reasonably expects the substitute to work at least 130 hours per month. Hours worked for other school districts are not considered in determining whether a substitute is eligible for benefits through Comanche ISD.

The district does not guarantee that you will receive 130 hours per month. The district's need for substitutes varies from week to week. In some weeks, you may not receive any assignments. Similarly, the district understands that some weeks you may not be able to accept assignments due to illness or other personal reasons.

If you are a new substitute, you must enroll in or decline medical coverage within 31 days from date of hire. If you are a returning substitute, you must enroll in or decline medical coverage during the annual open enrollment or no later than August 31st of that year. If you decline coverage, you cannot enroll again until the next plan year unless you experience a special enrollment event.

If you elect to enroll, **you will be responsible for the full premium.** You must submit payment for one calendar month with your enrollment form. The premiums for subsequent months will be deducted from your pay for the preceding month. If your pay is not sufficient to cover the full premium, you must submit the difference to the district by the 1st day of the preceding month. If the 1st day falls on a weekend or a day the district is closed, the payment must be made the preceding business day. If you fail to timely pay the monthly premiums, the district will proceed with the coverage cancellation process. Your coverage may also be cancelled if you lose eligibility for TRS-ActiveCare.

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

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

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

Substitute Signature

Date

- ☐ Declining Health Insurance
- ☐ Enrolling in Health Insurance





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 (See instructions)	
<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. (See instructions)	
<p>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.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p align="center">QR Code - Section 1 Do Not Write In This Space</p>

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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title <u>Driver's License</u>		Document Title <u>Social Security Card</u>
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>Additional Information</div> <div>QR Code - Sections 2 & 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 <u>Lisa Warren</u>	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative <u>Payroll clerk</u>	
Last Name of Employer or Authorized Representative <u>Warren</u>	First Name of Employer or Authorized Representative <u>Lisa</u>	Employer's Business or Organization Name <u>75 6000 765</u>	
Employer's Business or Organization Address (Street Number and Name) <u>200 E Highland</u>		City or Town <u>Comanche</u>	State <u>TX</u>
		ZIP Code <u>76442</u>	

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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
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Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**▶ **Give Form W-4 to your employer.**▶ **Your withholding is subject to review by the IRS.****2020****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 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 online estimator, 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 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 2020 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.)

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

**Step 5:
Sign
Here**

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

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

**Employers
Only**

Employer's name and address

First date of
employment

Employer identification
number (EIN)

COMANCHE INDEPENDENT SCHOOL DISTRICT
Direct Deposit Authorization Agreement

I hereby authorize Comanche ISD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same such account. **PLEASE ATTACH A VOID CHECK TO THIS AUTHORIZATION FORM.**

Employee Full Name: _____

Employee SS#: _____

Campus: _____

Phone Number: _____

.....
Bank Information:

Bank Name: _____

Routing/Transit #: _____

Account#: _____

Type of account for net pay: (Circle One) Checking Savings

This banking information will remain active until employee has given written notification to Comanche ISD of its termination with this banking institution. Written notification must be submitted two weeks prior to pay date for the new banking institution to become effective.

I am an authorized signatory on the above listed checking/savings account.

Authorized Employee Signature: _____

Date: _____

EMERGENCY CONTACT INFORMATION FOR

EMPLOYEE NAME _____

HOME PHONE NUMBER _____

CELL PHONE NUMBER _____

IN CASE OF EMERGENCY, CONTACT

NAME _____

RELATIONSHIP _____

EMERGENCY PHONE NUMBER/S

EMERGENCY CONTACT INFORMATION

Comanche Independent School District
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

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

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

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

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

- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

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

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

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

AUTHORIZATION FOR RELEASE/CLOSURE OF PERSONAL INFORMATION

Name	Employee Number
Date of Hire	Date of Termination

The Texas Public Information Act allows employees, officials, and former employees and officials to elect whether to keep their personal information confidential. Unless you choose to keep it confidential, the following information 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.

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. An employee may submit a written request after these time periods, but the request will not apply to a records request made before the option was exercised.

Allow Public Access		
All personal information listed below	ALL	NONE
Home Address Personal E-mail Address Phone Number Personal Cell Phone Number Emergency Contact Number Information that reveals whether you have family members		
Employee Signature	Date	

	Each District employee shall perform his or her duties in accordance with state and federal law, District policy, and ethical standards. The District holds all employees accountable to the Educators' Code of Ethics. [See DH(EXHIBIT)]
	Each District employee shall recognize and respect the rights of students, parents, other employees, and members of the community and shall work cooperatively with others to serve the best interests of the District.
	An employee wishing to express concern, complaints, or criticism shall do so through appropriate channels. [See DGBA]
Violations of Standards of Conduct	Each employee shall comply with the standards of conduct set out in this policy and with any other policies, regulations, and guidelines that impose duties, requirements, or standards attendant to his or her status as a District employee. Violation of any policies, regulations, or guidelines may result in disciplinary action, including termination of employment. [See DCD and DF series]
Weapons Prohibited	The District prohibits the use, possession, or display of any firearm, location-restricted knife, club, or prohibited weapon, as defined at FNCG, on District property at all times.
Exceptions	No violation of this policy occurs when: <ol style="list-style-type: none"> 1. A District employee who holds a Texas handgun license stores a handgun or other firearm in a locked vehicle in a parking lot, parking garage, or other parking area provided by the District, provided the handgun or other firearm is not loaded and not in plain view; or 2. The use, possession, or display of an otherwise prohibited weapon takes place as part of a District-approved activity supervised by proper authorities. [See FOD]
Electronic Communication	A certified employee, licensed employee, or any other employee designated in writing by the Superintendent or a campus principal may use electronic communication, as this term is defined by law, with currently enrolled students only about matters within the scope of the employee's professional responsibilities.
Use with Students	Unless an exception has been made in accordance with the employee handbook or other administrative regulations, an employee shall not use a personal electronic communication platform, application, or account to communicate with currently enrolled students.
	Unless authorized above, all other employees are prohibited from using electronic communication directly with students who are currently enrolled in the District. The employee handbook or other administrative regulations shall further detail:

DATE ISSUED: 11/21/2017
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DH(LOCAL)-A

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047901

EMPLOYEE STANDARDS OF CONDUCT

DH
(LOCAL)

Harassment or Abuse	An employee shall not engage in prohibited harassment, including sexual harassment, of: <ol style="list-style-type: none"> 1. Other employees. [See DIA] 2. Students. [See FFH; see FFG regarding child abuse and neglect.] <p>While acting in the course of employment, an employee shall not engage in prohibited harassment, including sexual harassment, of other persons, including Board members, vendors, contractors, volunteers, or parents.</p> <p>An employee shall report child abuse or neglect as required by law. [See FFG]</p>
Relationships with Students	An employee shall not form romantic or other inappropriate social relationships with students. Any sexual relationship between a student and a District employee is always prohibited, even if consensual. [See FFH]
Tobacco and E-Cigarettes	As required by law, the District shall notify the parent of a student with whom an educator is alleged to have engaged in certain misconduct. [See FFF]
	An employee shall not smoke or use tobacco products or e-cigarettes on District property, in District vehicles, or at school-related activities. [See also GKA]
Alcohol and Drugs / Notice of Drug-Free Workplace	As a condition of employment, an employee shall abide by the terms of the following drug-free workplace provisions. An employee shall notify the Superintendent in writing if the employee is convicted for a violation of a criminal drug statute occurring in the workplace in accordance with Arrests, Indictments, Convictions, and Other Adjudications, below.
	An employee shall not manufacture, distribute, dispense, possess, use, or be under the influence of any of the following substances during working hours while on District property or at school-related activities during or outside of usual working hours: <ol style="list-style-type: none"> 1. Any controlled substance or dangerous drug as defined by law, including but not limited to marijuana, any narcotic drug, hallucinogen, stimulant, depressant, amphetamine, or barbiturate. 2. Alcohol or any alcoholic beverage. 3. Any abusable glue, aerosol paint, or any other chemical substance for inhalation.

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EMPLOYEE STANDARDS OF CONDUCT

DH
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	Currently enrolled in the District. The employee handbook or other administrative regulations shall further detail: <ol style="list-style-type: none"> 1. Exceptions for family and social relationships; 2. The circumstances under which an employee may use text messaging to communicate with individual students or student groups; 3. Hours of the day during which electronic communication is discouraged or prohibited; and 4. Other matters deemed appropriate by the Superintendent or designee. <p>In accordance with ethical standards applicable to all District employees [see DH(EXHIBIT)], an employee shall be prohibited from using electronic communications in a manner that constitutes prohibited harassment or abuse of a District student; adversely affects the student's learning, mental health, or safety; includes threats of violence against the student; reveals confidential information about the student; or constitutes an inappropriate communication with a student, as described in the Educators' Code of Ethics.</p> <p>An employee shall have no expectation of privacy in electronic communications with students. Each employee shall comply with the District's requirements for records retention and destruction to the extent those requirements apply to electronic communication. [See CPC]</p>
Personal Use	All employees shall be held to the same professional standards in their public use of electronic communication as for any other public conduct. If an employee's use of electronic communication violates state or federal law or District policy, or interferes with the employee's ability to effectively perform his or her job duties, the employee is subject to disciplinary action, up to and including termination of employment.
Reporting Improper Communication	In accordance with administrative regulations, an employee shall notify his or her supervisor when a student engages in improper electronic communication with the employee.
Disclosing Personal Information	An employee shall not be required to disclose his or her personal e-mail address or personal phone number to a student.
Safety Requirements	Each employee shall adhere to District safety rules and regulations and shall report unsafe conditions or practices to the appropriate supervisor.

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Comanche ISD
047901

EMPLOYEE STANDARDS OF CONDUCT

DH
(LOCAL)

	<ol style="list-style-type: none"> 4. Any other intoxicant or mood-changing, mind-altering, or behavior-altering drug. <p>An employee need not be legally intoxicated to be considered "under the influence" of a controlled substance.</p>
Exceptions	It shall not be considered a violation of this policy if the employee: <ol style="list-style-type: none"> 1. Manufactures, possesses, or dispenses a substance listed above as part of the employee's job responsibilities; 2. Uses or possesses a controlled substance or drug authorized by a licensed physician prescribed for the employee's personal use; or 3. Possesses a controlled substance or drug that a licensed physician has prescribed for the employee's child or other individual for whom the employee is a legal guardian.
Sanctions	An employee who violates these drug-free workplace provisions shall be subject to disciplinary sanctions. Sanctions may include: <ol style="list-style-type: none"> 1. Referral to drug and alcohol counseling or rehabilitation programs; 2. Referral to employee assistance programs; 3. Termination from employment with the District; and 4. Referral to appropriate law enforcement officials for prosecution.
Notice	Employees shall receive a copy of this policy.
Arrests, Indictments, Convictions, and Other Adjudications	An employee shall notify his or her principal or immediate supervisor within three calendar days of any arrest, indictment, conviction, no contest or guilty plea, or other adjudication of the employee for any felony, any offense involving moral turpitude, and any of the other offenses as indicated below: <ol style="list-style-type: none"> 1. Crimes involving school property or funds; 2. Crimes involving attempt by fraudulent or unauthorized means to obtain or alter any certificate or permit that would entitle any person to hold or obtain a position as an educator; 3. Crimes that occur wholly or in part on school property or at a school-sponsored activity; or 4. Crimes involving moral turpitude, which include: <ul style="list-style-type: none"> • Dishonesty; fraud; deceit; theft; misrepresentation;

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EMPLOYEE STANDARDS OF CONDUCT

DH
(LOCAL)

- Deliberate violence;
- Base, vile, or depraved acts that are intended to arouse or gratify the sexual desire of the actor;
- Felony possession or conspiracy to possess, or any misdemeanor or felony transfer, sale, distribution, or conspiracy to transfer, sell, or distribute any controlled substance defined in Chapter 481 of the Health and Safety Code;
- Felony driving while intoxicated (DWI); or
- Acts constituting abuse or neglect under the Texas Family Code.

Dress and Grooming

An employee's dress and grooming shall be clean, neat, in a manner appropriate for his or her assignment, and in accordance with any additional standards established by his or her supervisor and approved by the Superintendent.

This notice complies with the requirements of the federal Drug-Free Workplace Act (41 U.S.C 702)

I have read and understand this DH Policy and agree to abide by its terms and conditions.

Print
Employee Name: _____

Employee Signature: _____

Date: _____

Confidential*

Please print.

Name _____
 Last *First* *Middle*
Social Security Number _____ Date of birth _____

Driver's License _____
State and Number

Mailing Address _____

Street *City* *State* *Zip*

Sex: ☐ Male ☐ Female

Ethnicity: ☐ Black ☐ White/Other

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

Signature _____

Date _____

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

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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 \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

Date

Comanche ISD
Agency Name (Please print)

Lisa Warren
Agency Representative Name (Please print)

Lisa Warren
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	