

200 East Broadway  
Gladewater, TX 75647  
903-845-6991  
Fax 903-845-6994

Year  
graduated  
(College only)

SUBSTITUTE TEACHER  
APPLICATION FOR EMPLOYMENT

GLADEWATER COUNTY LINE INDEPENDENT SCHOOL DISTRICT

<b>Teaching Certification</b>	<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>																																											
<b>Teaching Experience</b>	<p>List teaching experience beginning with most recent years.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name and location of school</td><td style="width: 25%;"></td><td style="width: 25%;">Name and location of school</td><td style="width: 25%;"></td></tr> <tr> <td>Type of assignment</td><td></td><td>Type of assignment</td><td></td></tr> <tr> <td>Dates taught</td><td></td><td>Dates taught</td><td></td></tr> <tr> <td>Principal's name and phone</td><td></td><td>Principal's name and phone</td><td></td></tr> <tr> <td>Reason for leaving</td><td></td><td>Reason for leaving</td><td></td></tr> <tr> <td>Name and location of school</td><td></td><td>Name and location of school</td><td></td></tr> <tr> <td>Type of assignment</td><td></td><td>Type of assignment</td><td></td></tr> <tr> <td>Dates taught</td><td></td><td>Dates taught</td><td></td></tr> <tr> <td>Principal's name and phone</td><td></td><td>Principal's name and phone</td><td></td></tr> <tr> <td>Reason for leaving</td><td></td><td>Reason for leaving</td><td></td></tr> </table>				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 <b>10 years</b> . 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	
	<b>Reference Info:</b> Supervisor's name, title, phone number, and email address		<b>Reference Info:</b> 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	
<b>Reference Info:</b> Supervisor's name, title, phone number, and email address		<b>Reference Info:</b> Supervisor's name, title, phone number, and email address		

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GLADEWATER COUNTY LINE INDEPENDENT SCHOOL DISTRICT

<b>General Information</b>	<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>_____</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>
<b>Verification</b>	<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> <div style="text-align: right; margin-top: 20px;"><div style="display: inline-block; width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div>Signature</div> <div style="display: inline-block; width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date

*\*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* *Middle*  
Date of birth ☒ \_\_\_\_\_

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/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

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

✓ \_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Date

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



**Employee's Withholding Certificate**

OMB No. 1545-0074

**2022**

- ▶ **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.**

**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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying widow(er)		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:****Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); **or**  
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**  
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

**TIP:** To be accurate, submit a 2022 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 total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 . . . ▶ \$

Add the amounts above and enter the total here . . . . . **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)

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.
- ☐ **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.

✓ \_\_\_\_\_  
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

\_\_\_\_\_ Not Hispanic/Latino

Race – choose one or more:

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

Observer signature:

Campus and Date:

## GLADEWATER ISD AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

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✓ 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? \_\_\_\_\_

If declining coverage, Select the ☐ Waive box in each section.  
 Sign + Date.

### Section 1 – Employee Information

Gladewater ISD		September 1, 2022-August 31, 2023			
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

<b>TRS BCBS Medical:</b> <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		<b>Health Savings Account (HSA)</b> <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  <b>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.</b>		<b>Superior Vision: (Pre-tax)</b> <input type="checkbox"/> Waive  <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse  <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family  <b>WellVia Telemedicine (Pre-Tax)</b>  <input type="checkbox"/> Employee only <input type="checkbox"/> Employee & Family			
<b>MetLife Dental Reimbursement: (Pre-tax)</b> <input type="checkbox"/> Waive <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  <b>Hospital Indemnity Plan</b> <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		<b>Standard Disability: (After-Tax)</b> <input type="checkbox"/> Waive  <b>Elimination Period:</b> <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: \$_____		<b>MetLife Accident: (Pre-tax)</b> <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: \$_____		<b>AFA Cancer: (Pre-tax)</b> <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: \$_____	
<b>BCBS Group Life (After-tax)</b> <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 \$_____		<b>Allstate Critical Illness: (Pre-tax)</b> <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		<b>Flexible Spending Accounts</b> <input type="checkbox"/> Waive  <input type="checkbox"/> Medical Reimbursement (Maximum Annual Amount - \$2,850) \$_____ Annual Contribution  <input type="checkbox"/> Dependent Care Reimbursement (Maximum Annual Amount - \$5,000) \$_____ Annual Contribution		<b>Texas Life</b> <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.

<b>3. Employer name</b> Gladewater ISD	<b>4. Employer Identification Number (EIN)</b> 75-6001670	
<b>5. Employer address</b> 200 E. Broadway	<b>6. Employer Phone Number</b> (903) 845-6991	
<b>7. City</b> Gladewater	<b>8. State</b> TX	<b>9. Zip Code</b> 75647
<b>10. Who can we contact about employee health coverage at this job?</b> Jennifer Atchley Payroll/Benefits		
<b>11. Phone number (if different from above)</b> (903) 845-6991 ext. #608		<b>12. Email address</b> 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](http://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](http://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](http://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](http://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 at \(903\) 845-6991 ext #608](mailto:jennifer.atchley@dalton.k12.tx.us). Questions about the Marketplace and how the Affordable Care Act impacts you as an individual should be addressed to [www.healthcare.gov](http://www.healthcare.gov) or your personal attorney.



2022-2023

## 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 GISD 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 3<sup>rd</sup> 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 20<sup>th</sup> 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 3<sup>rd</sup> 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 – 1<sup>st</sup> 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-  
(2<sup>nd</sup> Grade – 5<sup>th</sup> 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-  
(6<sup>th</sup> Grade – 8<sup>th</sup> 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-  
(9<sup>th</sup> Grade – 12<sup>th</sup> 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.

EMPLOYEE PORTAL

English Help

Login Create Account

User Information Basic Information Security Question Complete

Employee Number (000100): Employee Number

Date of Birth (mm/dd/yyyy): Date of Birth

Zip Code (12345): Zip Code

Next Cancel

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

TCC Accessibility Statement  
Supported Browsers

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

The screenshot shows the 'Basic Information' screen of an 'EMPLOYEE PORTAL'. At the top, there is a navigation bar with the portal logo, a language dropdown set to 'English', and social media links. Below the navigation bar, there are tabs for 'Login' and 'Create Account'. A progress indicator at the top shows four steps: 'User Information', 'Basic Information' (the current step), 'Security Question', and 'Complete'. The main form area contains several input fields with labels on the left and input boxes on the right: 'User Name', 'Password', 'Password Verification', 'Work E-mail', 'Work E-mail Verification', 'Home E-mail', and 'Home E-mail Verification'. At the bottom of the form, there are 'Back', 'Next', and 'Cancel' buttons. A small disclaimer at the bottom left states: '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'. A 'Privacy Statement' link is located at the bottom right.

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](http://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, 2022 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	\$408	\$1151	\$734	\$1378
TRS-ActiveCare HD	\$423	\$1189	\$759	\$1422
TRS-ActiveCare Primary+	\$513	\$1254	\$825	\$1577

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.

# 2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 – Aug. 31, 2023



## 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.

## Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what ifo throws at you.

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

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

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$408	\$	\$513	\$
Employee and Spouse	\$1,151	\$	\$1,189	\$
Employee and Children	\$734	\$	\$759	\$
Employee and Family	\$1,378	\$	\$1,422	\$

## Plan Features

Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$3,600	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network
PCP Required	Yes	Yes	No

## Doctor Visits

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

## Immediate Care

Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation	\$30 per medical consultation
TRS Virtual Health-TeleDoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation	\$42 per medical consultation

## Prescription Drugs

Drug Deductible	Integrated with medical	Integrated with medical	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$200 brand deductible; \$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

## 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

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

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/\$15,000	\$23,700/\$47,400
Nationwide Network	No

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

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

\$200 brand deductible	\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$90 max)	You pay 25% after deductible (\$105 min/\$210 max)
You pay 25% after deductible (\$100 min/\$200 max)	You pay 50% after deductible (\$215 min/\$430 max)
You pay 30% after deductible (\$200 min/\$900 max)	No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply	

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

## Compare Prices for Common Medical Services

### REMEMBER:

Log into Blue Access for Members<sup>SM</sup> at [www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare) to use the cost estimator tool. This will help you find the best prices through different providers.

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 Personal Health Guide at 1-866-355-5999 with questions.

[www.trs.texas.gov](http://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	<div>QR Code - Section 1 Do Not Write In This Space</div>
<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: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</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



Employer Completes Next Page





*\*This page completed by Gladewater ISO.*  
**Employment Eligibility Verification**

**Department of Homeland Security  
U.S. Citizenship and Immigration Services**

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

**Section 2. Employer or Authorized Representative Review and Verification**

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

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<b>Additional Information</b>		<b>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</b>
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative <i>Human Resource Specialist</i>	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name <i>Gladewater ISO</i>	
Employer's Business or Organization Address (Street Number and Name) <i>200 East Broadway Ave.</i>		City or Town <i>Gladewater</i>	State <i>TX</i>	ZIP Code <i>75647</i>

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
<b>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.</b>				
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](http://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:

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



# GLADEWATER ISD CALENDAR 2022-2023 SCHOOL YEAR



ACHIEVING EXCELLENCE TOGETHER

July 2022						
S	M	T	W	T	F	S
					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 2022						
S	M	T	W	T	F	S
		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 2022						
S	M	T	W	T	F	S
					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 2022						
S	M	T	W	T	F	S
						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 2022						
S	M	T	W	T	F	S
			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 2022						
S	M	T	W	T	F	S
					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						

January 2023						
S	M	T	W	T	F	S
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 2023						
S	M	T	W	T	F	S
			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				

March 2023						
S	M	T	W	T	F	S
				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

April 2023						
S	M	T	W	T	F	S
						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						

May 2023						
S	M	T	W	T	F	S
		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		

June 2023						
S	M	T	W	T	F	S
					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

Nine-Week Grading Periods / Semesters		
1st Nine Weeks	Aug 11 - Oct 7	41 Days
2nd Nine Weeks	Oct 17 - Dec 15	39 Days
<b>1st Semester = 80 Instructional Days</b>		
3rd Nine Weeks	Jan 4 - Mar 9	45 Days
4th Nine Weeks	Mar 21 - May 25	47 Days
<b>2nd Semester = 92 Instructional Days</b>		
<b>Total Instructional Minutes = 77,140/172 Instructional Days</b>		

Legend	
[ ]	Beginning/Ending of Nine-Week Grading Period
[ ]	Professional Learning (Student Holiday)
[ ]	New Teacher Orientation/PD Exchange Days
[ ]	Teacher Workday (Graduation May 26)
[ ]	Holiday for Students and Staff
[ ]	Early Release - 12:55pm (Students Only)
[ ]	Early Release: 12:55pm Students; 1:55 Employees
[ ]	Parent-Student-Teacher Mtgs, 8-6 (Student Holiday)
[ ]	STAAR-EOC Testing
[ ]	Summer Hours: All GISD Offices Closed on Fridays

Professional Development Days	
October 11th	January 3rd
March 20th	
<b>**All professional development days will be 9 AM to 3 PM.**</b>	
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 will be posted on Facebook, Twitter, and the GISD website.	
Early Release	
October 7th	March 9th
November 16th	April 6th
December 15th	May 25th
February 17th	
Bad Weather Days	
May 26th	May 31st
May 30th	
<b>**These days will be holidays if not used.**</b>	

Approved by the GISD Board of Trustees - June 30, 2022



## **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](mailto: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 20<sup>th</sup> of each month. Your pay each month will be for days worked the prior calendar month. Example: You are paid on October 20<sup>th</sup>, 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](mailto: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](mailto:atchleyj@gladewaterisd.com).