

**Position: Substitute Teacher**

**Name:** \_\_\_\_\_

- ☐ Skyward
- ☐ Uploaded to TEA
- ☐ Fingerprinted
- ☐ Substitute Training
- ☐ Insurance Decline
- ☐ Signed Handbook
- ☐ Copies to Amy

- ☐ Letter of Reasonable Assurance
- ☐ Personal Contact/Payroll Information
- ☐ W-4
- ☐ Ethnicity
- ☐ Direct Deposit
- ☐ I-9 (Employment Eligibility Verification)
- ☐ Criminal History Record Addendum
- ☐ Student Confidentiality
- ☐ Drug Free Acknowledgement Form
- ☐ Social Security Statement
- ☐ Personnel Data Form
- ☐ Job Description

**Important information that must be returned with this packet:**

- ☐ Drivers License
- ☐ Social Security Card
- ☐ Voided Check

**BULLARD INDEPENDENT SCHOOL DISTRICT**  
Personal Contact/Payroll Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Telephone  
\_\_\_\_\_  
Cell Phone

Mailing Address: \_\_\_\_\_  
(if different from above) Street/P.O. Box State Zip Telephone

\_\_\_\_\_  
Date of Birth Social Security #

Driver's License: \_\_\_\_\_  
State Number Class Restrictions Expires

Personal email: \_\_\_\_\_ Gender: ☐Female ☐Male

Marital Status: ☐Married ☐Single ☐Divorced ☐Widowed ☐Separated

Spouses Name: \_\_\_\_\_ Contact # \_\_\_\_\_

**Please check if you are currently receiving:** ☐TRS ☐Social Security ☐ERS ☐UT ☐A&M

If you are a retired teacher, are you **currently receiving TRS benefits**? \_\_\_\_Yes \_\_\_\_No

Are you retired and currently drawing Social Security? \_\_\_\_Yes \_\_\_\_No

Do you hold a **VALID** teaching certificate? No\_\_\_\_ Yes\_\_\_\_/\_\_\_\_State

.....  
**Office use only:**

Position: \_\_\_\_\_FT/ PT / Sub

Years of Experience: \_\_\_\_\_

Start Date: \_\_\_\_\_

Degree: N B M D

Criminal History Completed: \_\_\_\_\_

Degree Rec'd Date: \_\_\_\_\_

Paperwork given to Business Office \_\_\_\_\_

**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.

**2023**

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

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

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

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

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

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

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . .	<b>4(c)</b>	\$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



**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.

\_\_\_\_\_  
Student/Staff Name (please print)

\_\_\_\_\_  
(Parent/Guardian)/(Staff) Signature

\_\_\_\_\_  
Date

Student/Staff Identification Number

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:

**Bullard Independent School District**  
**1426 B South Houston Street**  
**Bullard, TX 75757**  
**Phone: 903-894-6639**  
**Fax: 903-894-9291**

**DIRECT DEPOSIT ENROLLMENT FORM**

Direct deposit allows the employee to automatically deposit their payroll check to the financial institution of their choice electronically. The money will be deposited into your account on the same date that you would normally receive your paycheck. The employee can view a voucher in lieu of a paycheck in TruTime (substitutes will receive a voucher in the mail). All information printed on a regular check stub will appear on the voucher (this includes wages, deductions, and sick leave balances). Please complete the information below and return this form with a voided check to Stephanie Yates in the BISD Administration office.

**\*PLEASE PRINT ALL INFORMATION**

**Employee Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Bank's Address:** \_\_\_\_\_

**City, State & Zip** \_\_\_\_\_

**Bank's Phone Number:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

(This number is preprinted at the bottom of your check in the left corner.)

**Account Number:** \_\_\_\_\_

**This is a (circle one):**     **Checking**             **Savings**

**Month/year to begin direct deposit** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

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

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

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

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

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



BULLARD INDEPENDENT SCHOOL DISTRICT

VOLUNTEER FORM

Criminal History Record Information Addendum

Confidential

The Bullard Independent School District is required by the 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**

Full Name: \_\_\_\_\_  
Last First Middle (Maiden)

Mailing Address: \_\_\_\_\_  
City State Zip

Date of Birth: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State \_\_\_\_\_  
(copy required)

Gender: Male ☐ Female ☐ Social Security #: \_\_\_\_\_

Ethnicity: ☐ Black  
☐ White  
☐ Hispanic  
☐ Other \_\_\_\_\_

I understand 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

\_\_\_\_\_  
Phone Number

Revised February 2012



# Bullard Independent School District

*Excellence Through Education*

1426B South Houston  
Bullard, TX 75757

Phone (903) 894-6639  
Fax (903) 894-9291

I, \_\_\_\_\_ as substitute teacher for Bullard Independent School District, agree to keep student information confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## DRUG-FREE SCHOOLS AND DRUG-FREE WORKPLACE REQUIREMENTS

The district prohibits the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, illicit drug, and alcohol, as those terms are defined in state and federal law, in the workplace, on school premises, or as part of the district's activities.

Employees who violate this prohibition shall be subject to disciplinary sanctions. Such sanctions may include referral to drug and alcohol counseling, or rehabilitation programs or employee assistance programs, termination from employment with the district, and referral to appropriate law enforcement officials for prosecution. \* Information on available rehabilitation or employee assistance programs and contacts shall be posted throughout the workplace.

Compliance with these requirements and prohibitions is mandatory and is a condition of employment. As a further condition of employment, an employee shall notify the superintendent's receiving notice from any source of a conviction for any drug statute violation occurring in the workplace, the superintendent or designee shall either (1) take appropriate personnel action against the employee, up to and including termination of employment or referral for prosecution or (2) require the employee to participate satisfactorily in a drug and alcohol abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health agency, law enforcement agency, or other appropriate agency. The cost of any such program shall be borne by the employee.

(This notice complies with notice requirements imposed by the federal Drug-Free Workplace Act [20 U.S.C. 3471, 1221e-3(a)(1) and 34 CFR 85.630]; notice requirements imposed by the federal Drug-Free Schools and Communities Act Amendments of 1989 [20 U.S.C. 3224a and 34 CFR 86.201]; and notice requirements imposed by the Texas Workers' Compensation Commission rules at 28 TAC 169.2)

I, \_\_\_\_\_ on  
(date) \_\_\_\_/\_\_\_\_/\_\_\_\_ have read the above and have received a copy for  
my personal use.

\*Information may be obtained in the teacher's lounges or from the  
administration office.

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## Statement Concerning Your Employment in a Job Not Covered by Social Security

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<b>Employee Name</b> _____	<b>Employee ID#</b> _____
<b>Employer Name</b> Bullard ISD	<b>Employer ID#</b> 75-6000292

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.**

**Signature of Employee** \_\_\_\_\_ **Date** \_\_\_\_\_





## **BULLARD ISD PERSONNEL DATA FORM**

**Please complete the following information to update your personnel record.**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Campus: \_\_\_\_\_ Grade/Subject/Position: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

### **In Case of Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Public Access Information Election:**

The Texas Public Information Act allows employees to elect whether to keep certain information 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. Please indicate whether you wish to allow public release of the following information.

	Public Access?	
Home Address	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Personal E-mail Address	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Home Phone Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Personal Cell Phone Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Social Security Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Information that reveals whether you have family members	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Job Title:** Substitute Teacher

**Exemption Status/Test:** Exempt/Professional

**Reports to:** Principal

**Date Revised:** 11/10/2022

**Dept./School:** Assigned Campus

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**Primary Purpose:**

Provide students with appropriate learning activities, instruction, and supervision by implementing the lesson plans as directed by the absent teacher, principal, or other responsible staff.

**Qualifications:**

**Education/Certification:**

High school diploma/GED

Some college hours, or associate degree (preferred)

**Special Knowledge/Skills:**

Knowledge of core academic subject assigned

Knowledge of curriculum and instruction

Ability to instruct students and manage their behavior

Strong organizational, communication, and interpersonal skills

**Experience:**

Experience managing groups of students and providing instruction, or related work experience

**Major Responsibilities and Duties:**

**Instructional Strategies**

1. Implement lesson plans and instructional activities provided by the absent teacher or designated staff.
2. Use appropriate instructional and learning strategies, activities, materials, equipment, and technology that reflect understanding of the learning styles and needs of students assigned and present subject matter according to the lesson plans.
3. Work cooperatively with teachers to modify curriculum for students as needed or noted in lesson plans.

**Student Growth and Development**

4. Be a positive role model for students; support mission of campus and school district.

**Classroom Management and Organization**

5. Submit attendance reports.





6. Implement a classroom environment conducive to learning and appropriate for the physical, social, and emotional development of students.
7. Manage student behavior in accordance with the lesson plans, Student Code of Conduct, and student handbook.
8. Supervise students at all times.
9. Take all necessary and reasonable precautions to protect students, equipment, materials, and facilities.
10. Maintain a clean and orderly classroom and follow the classroom and school procedures as directed by the school.
11. Leave notes or complete the approved substitute teacher report form at the end of the teaching day.
12. Report any accidents or incidents.

#### **Communication**

13. Communicate in a friendly and positive manner towards students, parents, staff, and administrators.

#### **Professional Growth and Development**

14. Participate in substitute training and activities to improve job-related skills.
15. Comply with all state, district, and school regulations and policies for teachers.

#### **Other**

16. Follow district safety protocols and emergency procedures.

#### **Supervisory Responsibilities:**

Direct the work of assigned instructional aide(s) if applicable.

#### **Mental Demands/Physical Demands/Environmental Factors:**

**Tools/Equipment Used:** Personal computer and peripherals; standard instructional equipment; *[P.E. teachers: automated external defibrillator (AED)]*

**Posture:** Prolonged standing; frequent kneeling/squatting, bending/stooping, pushing/pulling, and twisting

**Motion:** Frequent walking

**Lifting:** Regular light lifting and carrying (less than 15 pounds); may lift and move textbooks and classroom equipment

**Environment:** Work inside, may work outside; regular exposure to noise



**Mental Demands:** Maintain emotional control under stress; work prolonged or irregular hours

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This document describes the general purpose and responsibilities assigned to this job and is not an exhaustive list of all responsibilities and duties that may be assigned or skills that may be required.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_