

Employee Demographic Screen Entry Form

Please Print Legibly – complete non-grayed area

First Name:		Middle Name:	
Last Name:		Suffix: <small>(circle if appl.)</small>	Jr. Sr. III _____(other)
Mailing Address:			
City/State:		Zip Code:	
Home Phone:		Alt. Phone:	
Social Security #:	- -	Date of Birth:	/ /
Gender:	Marital Status: _____	Job Title:	
Name of Spouse:		Maiden Name:	
TRS Info:	Were you a TRS member before you started this job?: _____		Have you withdrawn a TRS Account?: _____
	Are you currently receiving a retirement or disability check from TRS?: _____	If yes, which one:	Retirement: _____ or Disability: _____
TRS Eligible? _____	New Member? _____	New Member pymt. ends: _____	
Hire Date:		Start Date:	
Race Code: _____	Check Location: _____	Tax Status:	_____, _____ +
Pay Schedule:		Pay grade/step:	
% day employed: _____	Job # of Days: _____	ID # _____	# of Days Remaining: _____

Base Salary: _____ plus: _____
Certification: _____ Elementary; _____ Secondary; _____ NCLB; _____ Administration;
_____ Pending Certification; _____ Alternative Certification; _____ 48 hrs. (Para.)
Years of Experience: _____ Local; _____ Total;
_____ 1 st Degree; _____ Major; _____ Minor; G.P.A. _____
Date Confirmed: _____
_____ 2 nd Degree; _____ Major; _____ Minor; G.P.A. _____
Date Confirmed: _____
_____ Science; _____ Science Composite; _____ Math; _____ Special Education
Previous District: _____; Records Receipt Date: _____
Sick Leave Balances: _____ State Sick Leave _____ State Personal Leave
Certification:
Expiration Date:

Employee Signature: _____ Date: _____
 HR Initials: _____ Date: _____ PR Initials: _____ Date: _____

Superintendent: _____ Date: _____

FBA USE ONLY	PARTICIPANT ID NUMBER	INSURANCE DEPARTMENT USE ONLY	EFFECTIVE DATE
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EMPLOYMENT INFORMATION

Start Date	Division Number / Location		
<input type="checkbox"/> 12 <input type="checkbox"/> 24			
Salary	Pay Cycles	Job Title	Number of Work Days

APPLICANT INFORMATION

Last Name (Name on Social Security Card)	First Name	MI		
Date of Birth	Gender	Marital Status	Social Security Number	
Address (Mailing)	Apt No.	City	State	Zip Code
Telephone	Email Address			

Authorization for Elected Coverages

AUTHORIZATION TO RELEASE MEDICAL INFORMATION. I authorize any physician, medical practitioner, hospital, clinic, Veteran's Administration facility, other medical or medically-related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., or Consumer Reporting Agency having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me or my dependents and any other non-medical information of me or my dependents to give to the Plan or their legal representative any and all such information. **I understand that such information may include information about infectious, communicable or contagious disease, which may include, but not be limited to, diseases such as Hepatitis, Syphilis, Gonorrhea or the Human Immunodeficiency Virus also known as Acquired Immune Deficiency Syndrome (AIDS).** I understand the information obtained by use of the authorization will be used by the Plan to determine eligibility for insurance and eligibility for benefits under an existing Plan. Any information obtained will not be released by the Plan to any person or organization except to reinsuring companies, the Medical Information Bureau, Inc., or other persons or organizations performing business or legal services in connection with my application or claim or as may be otherwise lawfully required or as I may further authorize. I know that I may request to receive a copy of this authorization. I agree that a photographic copy of this authorization shall be as valid as the original. I agree that this authorization shall be valid until the Plan receives a written request for revocation.

I understand that coverage will not become effective until approved:

Employee Signature	Date
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SHARYLAND
INDEPENDENT SCHOOL DISTRICT
Human Resources Department

NEW EMPLOYEE FORM BOOK

Name		EIN*	
Position		Campus/Dept	
Phone		Cell Phone	
Emergency Contact Name		Emergency Contact Phone	

Please complete all of the attached forms and submit them to Human Resources Department at your scheduled date and time. Please bring appropriate personal identification to verify employment eligibility and your Social Security card, which is required for payroll purposes.

Fingerprinting must be completed prior to attending a new hire session. All forms must be completed, signed, and received by HRS prior to or on the first day of work.

Forms in this packet which must be completed and submitted to HRS:

- Professional Employment Policies
- Required Personnel File Documents
- Drug-Free Schools Requirements
- Guidelines for Acceptable Use of Electronic Systems (2)
- Conflicts of Interest (2)
- Texas Public School Staff Ethnicity and Race Data Questionnaire
- Form W-4
- Direct Deposit Authorization
- New Employee Benefits Consideration Form
- TB Test
- I-9 Employment Eligibility Verification
- Catastrophic Illness Leave Bank Donation Form
- Public Access Information Option Form
- Professional Development Appraisal System Status
- Statement Concerning Your Employment in a Job Not Covered by Social Security

Forms must be submitted to HRS at the Sharyland ISD Administration Building, 1106 N. Shary Road, Mission, Texas, 78572 For directions, please call 584-6400.

NOTE: During summer months, your HR Records Specialist will notify you of the specific date, time, and location of the information session to submit your paperwork. Please arrive with paperwork completed and fingerprinting receipt, if applicable. HRS staff will be available to assist you with any questions. If you are eligible for benefits, enrollment paperwork will be provided at the session. Names, dates of birth, and social security numbers will be needed to enroll dependents at the session. Benefits paperwork may be completed at the session or returned at a later time.

* Your Employee Identification Number (EIN) is the last 4 digits of your Social Security Number

NOTE: If forms don't pertain to your assignment please disregard that form.

SHARYLAND

INDEPENDENT SCHOOL DISTRICT Human Resources Department

PROFESSIONAL EMPLOYMENT POLICIES

The district's employment policies are: DAA -Employment Objectives: Equal Employment Opportunity (Legal), DAB – Employment Objectives: Objective Criteria For Personnel Decisions (Local), DBA-Employment Requirements And Restrictions: Credentials And Records (Legal, Local), DBAA – Employment Requirements And Restrictions: Criminal History and Credit Reports (Legal), DBB – Employment Requirements And Restrictions: Medical Examinations And Communicable Diseases (Legal, Local), DBD – Employment Requirements And Restrictions: Conflict Of Interest (Legal, Local, Regulation, Exhibit), DBE – Employment Requirements And Restrictions: Nepotism (Legal, Local, Exhibit), DC – Employment Practices (Legal, Local, Regulation), DCA – Employment Practices: Probationary Contracts (Legal), DCB – Employment Practices: Educator Term Contracts (Legal, Local), DCD – Employment Practices: At Will Employment (Legal, Local), DCE – Employment Practices: Other Types Of Contracts (Legal, Local), DEA – Compensation And Benefits: Salaries, Wages, And Stipends (Legal, Local), DEAA – Compensation and Benefits (Legal, Local), DEB – Compensation And Benefits: Fringe Benefits (Legal), DEC -Compensation And Benefits: Leaves And Absences (Legal, Local, Regulation), DED – Compensation And Benefits: Vacations And Holidays (Local), DEE – Compensation And Benefits: Expense Reimbursements (Legal, Local), DF – Termination Of Contract (Legal), DFAA – Probationary Contracts: Suspension/Termination During Contract (Legal, Local), DFAB – Probationary Contracts: Termination At End Of Year (Legal, Local), DFAC – Probationary Contracts: Return To Probationary Status (Legal), DFBA – Term Contracts: Suspension/Termination During Contract (Legal, Local), DFBB – Term Contracts: Non renewal (Legal, Local, Exhibit), DFD – Termination Of Contract: Hearings Before Hearing Examiner (Legal, Local), DFE – Termination Of Contract: Resignation (Legal, Local, Regulation), DFF – Termination Of Contract: Reduction In Force (Local), DG – Employee Rights And Privileges (Legal, Local, Regulation), DGA – Employee Rights And Privileges: Freedom Of Association (Legal, Local, Regulation), DGB – Employee Rights And Privileges: Personnel-Management Relations (Legal, Local), DGBA – Personnel-Management Relations: Employee Complaints/Grievances (Legal, Local), DH – Employee Standards Of Conduct (Legal, Local, Exhibit), DHA – Employee Standards Of Conduct: Gifts And Solicitations (Local), DHE – Employee Standards Of Conduct: Searches And Alcohol/Drug Testing (Legal, Local, Regulation, Exhibit), DI – Employee Welfare (Legal, Local, Exhibit), DIA – Employee Welfare: Freedom From Harassment (Legal, Local), DK – Assignments And Schedules (Legal, Local, Regulation), DL – Work Load (Legal), DLB – Work Load: Required Plans And Reports (Legal, Local), DMA – Professional Development: Required Staff Development (Legal), DMD – Professional Development: Professional Meetings And Visitations (Legal, Local), DN – Performance Appraisal (Local), DNA – Performance Appraisal: Evaluation Of Teachers (Legal, Local), DNB – Performance Appraisal: Evaluation Of Other Professional Employees (Legal, Local), DP – Personnel Positions (Legal, Local), DPB – Personnel Positions: Substitute, Temporary, And Part-Time Positions (Legal, Regulation), CQ – Electronic Communication and Data Management (Local)

It is important that all employees have access to current policies. Employment policies as well as all other district policies are available on the web at www.sharylandisd.org. The Board has designated one copy of the policy manual as the official policy manual of the district. The official copy is kept in the Superintendent's office, and the Superintendent or designee is responsible for its accuracy and integrity. If discrepancies occur between different copies of the manual distributed throughout the District (including the online version), the version contained in the official policy manual shall control. You may request a hard copy of these policies from your principal or Human Resource Services.

Signature

Date

Please print:

Last Name

First Name

EIN

Campus

Sharyland Independent School District is an equal opportunity employer and does not discriminate against persons because of age, race, color, creed, religion, disability, gender, ethnic or national origin, or veteran status. SISD prohibits discrimination against individuals with disabilities and will reasonably accommodate applicants with a disability, upon request.

SHARYLAND
INDEPENDENT SCHOOL DISTRICT
Human Resources Department

REQUIRED PERSONNEL FILE DOCUMENTS

It is your responsibility to ensure that your personnel file is complete prior to your first scheduled pay date. Salary determination will be based solely on service records on file.

DOCUMENTS WHICH MUST BE IN YOUR PERSONNEL FILE

1 Official Teacher Service Record(s) – You will be paid at a zero year step until HRS receives your Teacher Service Record(s). If you have been employed by another school district in Texas or out of state, **it is your responsibility to work with your previous district(s) to ensure that HRS receives the appropriate documents and that they are completed as required by the State of Texas.** Specific instructions on the requirements dictated by the State are provided in a separate attachment. You will be paid at the zero year experience pay rate until the appropriately completed service record is received by HRS.

2 Official Transcript(s). – If these documents are not currently on file, please submit them immediately in order to complete your employment requirements with SISD. This document must be received by HRS within 15 calendar days of your offer of employment.

If you are teaching outside of your area of certification: You are responsible for completing the appropriate permit application and acquiring the necessary paperwork (deficiency plan, etc.) and submitting the paperwork to HRS within **15 calendar days of your employment date.**

If you are a Head Marching Band Director (HS), coach, or chief sponsor of an extracurricular athletic activity (including cheerleading), you must provide proof of current certification in first aid and cardiopulmonary resuscitation issued by the American Red Cross, American Heart Association or other organization that provides equivalent training to your campus principal within **15 calendar days of your employment date.**

Licensed Professionals: You are responsible for providing HRS with a copy of your current Texas License within **15 calendar days of your employment.** “A person may not be employed by a school district as an audiologist, occupational therapist, physical therapist, physician, nurse, school psychologist, associate school psychologist, social worker, or speech language pathologist unless the person is licensed by the state agency that licenses that profession. A person may perform specific services within those professions for a school district only if the person holds the appropriate credential from the appropriate state agency.” Texas Education Code, Chapter 21.003(b)

STATEMENT OF UNDERSTANDING

I understand that failure to provide required documents within the time period specified above may result in termination of my employment.

Signature

Date

SHARYLAND
INDEPENDENT SCHOOL DISTRICT
Human Resources Department

Sharyland ISD
108911

EMPLOYEE WELFARE DI (EXHIBIT)

DRUG-FREE SCHOOLS REQUIREMENTS

The District prohibits the unlawful distribution, possession, or use of illegal drugs, inhalants, alcohol and tobacco on school premises or as part of any 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. [See policies at DH and DHE] 41 U.S.C. 702(a)(1)(A); 28 TAC 169.2

Compliance with these requirements and prohibitions is mandatory and is a condition of employment.

[This notice complies with 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)]

DATE ISSUED: 06/22/2000
UPDATE 63 DI(EXHIBIT)-B

I acknowledge receipt of the SISD DRUG-FREE SCHOOLS POLICY.

Signature	Date	Campus
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Campus Please print:

Last Name	First Name	EIN
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SHARYLAND ISD GUIDELINES FOR ACCEPTABLE USE OF ELECTRONIC SYSTEMS

All users must complete the necessary forms agreeing to follow these guidelines in order to use this system. Violation of guidelines or policies of the Sharyland ISD may result in disciplinary action and loss of the privilege of using the system and/or criminal prosecution.

- This system is to be used for administrative and educational purposes only.
- Respect the property rights of others by obeying all copyright regulations and regulations for use of software, electronic resources, and equipment.
- You may not use this system for any illegal purposes.
- You may not use this system for selling products or services or for lobbying.
- You may not use another user's ID or password.
- You may not upload or download programs to or from this system without proper supervision.
- You may not read, delete, copy, or change the electronic mail of other system users or interfere with their ability to receive/send electronic mail. E-mail communications may be monitored at times and are not considered confidential.
- Materials, equipment, and services may not always be available, and they may not always meet your needs.
- You may not harm, misuse, or destroy any of the equipment, software, or programs that are part of this system or any other agency or network accessible through this system. Any such harm or misuse is subject to disciplinary action and/or criminal prosecution.
- If you identify or know of a security problem on the system, you must notify your supervisor and you must not demonstrate the security problem to other users.
- You must follow proper etiquette (netiquette) when using this system.
- Exemplary behavior is expected on "virtual" field trips, video conferences, or screen-sharing communication sessions. Remember that you are representatives of your school and the Sharyland ISD.
- Sharyland ISD may monitor your use of this system to ensure that you are following the guidelines.

You are expected to abide by the generally accepted rules of network etiquette (netiquette).

- Be polite. Do not become abusive in your messages to others.
- Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language.
- Do not reveal your personal address or phone numbers or those of other students or colleagues.
- All communications and information accessible via the network should be assumed to be private property.
- Keep paragraphs and messages short and to the point. Focus on one subject per message. Always include a subject line in e-mail. Abbreviate when possible and edit out when you are quoting others in e-mail. Try to conserve space whenever possible.
- Include your signature at the bottom of e-mail messages. Your signature footer should include your name and Internet address.
- Capitalize words only to highlight an important point or to distinguish a title or heading. "Asterisks" surrounding a word may also be used to make a stronger point.
- Remember that humor and satire can be misinterpreted. Be judicious in your choice of words.
- Minimize spelling errors and make sure your message is easy to understand; however, remember that many people all over the world use the Internet. Do not criticize another person's use of grammar or spelling.
- Cite all quotes, references, and sources. Copyright applies to electronic information.
- Never send chain letters through the Internet.

The Sharyland ISD is not responsible for any inaccurate or objectionable material which users may access. The Sharyland ISD does not guarantee the authenticity of any information provided by this system. The ultimate success of this system is dependent upon the honor, integrity, and exercise of good judgment by each individual user. I agree to abide by the provisions of Sharyland ISD's electronic communications system(s) policy and administrative regulations. In consideration for the privilege of using Sharyland ISD's electronic communications system(s), and in consideration for having access to the public networks, I hereby release the Sharyland ISD from any and all claims and damages of any nature arising from my use of the system.

Name _____ Employee Identification Number _____
Campus/Department _____
Signature _____ Date _____

SHARYLAND INDEPENDENT SCHOOL DISTRICT

Human Resources Department

CONFLICTS OF INTEREST

Acknowledgment of Policy

The sound judgment and integrity shown by administrators and employees in avoiding conflicts, either direct or indirect, between Sharyland ISD and private interests, is a continuing source of pride to District management.

This is an area in which there can be no compromise with the highest standards. The benefit to Sharyland ISD is reflected in the esteem in which the public holds its management and employees.

Conflicts of interest may occur in a number of ways. Included with these policies are a few examples of possible situations of conflict. District policies require that all situations involving a conflict of interest or potential conflict of interest be disclosed to the Superintendent or designee. This will permit consideration of the circumstances and thereby relieve the employee and Sharyland ISD of possible criticism.

ACKNOWLEDGMENT

I hereby acknowledge that I have been notified of Policy DBD – Conflict of Interest (Legal and Local). I further acknowledge that I understand the policy and have not engaged in any activities that could be construed to be in violation of the District's guidelines concerning conflicts of interest.

Employee Signature

Date

Campus/Department

EIN

SHARYLAND
INDEPENDENT SCHOOL DISTRICT
Human Resources Department

CONFLICTS OF INTEREST

Acceptance of Gifts or Benefits

- Under District policy, no employee who exercises discretion in connection with contracts, purchases, payments, claims, or other monetary transactions may solicit, accept, or agree to accept any benefit that could reasonably be construed to influence the employee's discharge of assigned duties and responsibilities.
- Although some embarrassment might be involved, gifts other than those of nominal value should be returned to the donor with an appropriate explanation of our policy. As used in District policy, nominal value is defined as \$25 or less. However, even gifts of nominal value should be accepted only on an infrequent basis.
- Acceptance of an invitation to be a guest on a trip financed by a supplier or prospective supplier may result in misinterpretation of the relationship between the supplier and the employee of the District. Therefore, an employee may accept such trip invitations only after receiving permission from the Superintendent or designee.
- Employees of Sharyland ISD should not participate in business ventures with suppliers or other affiliates of the District without prior approval of the Superintendent or designee. Employees must also exercise the greatest care to avoid participating in any activity or decision that relates to any company in which a member of the employee's immediate family has a financial interest.

Employee Signature

Date

Campus/ Department

EIN

SHARYLAND
INDEPENDENT SCHOOL DISTRICT
Human Resources Department

Texas Public School 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 staff and students. 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).

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 regarding ethnicity and race. *United States Federal Register (71 FR 44866)*

Name (Last, First, MI):	Campus/Dept:
EIN:	Birth date:

Part 1. Ethnicity: Is the staff member Hispanic/Latino? (Check 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 staff member's race? Check 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.

Employee Signature

Date

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2015</div>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$ _____						
2	Enter: <table style="display: inline-table; vertical-align: middle; border: none;"> <tr> <td style="font-size: 2em; vertical-align: middle;">{</td> <td style="padding: 0 10px;">\$12,600 if married filing jointly or qualifying widow(er)</td> </tr> <tr> <td></td> <td>\$9,250 if head of household</td> </tr> <tr> <td></td> <td>\$6,300 if single or married filing separately</td> </tr> </table>	{	\$12,600 if married filing jointly or qualifying widow(er)		\$9,250 if head of household		\$6,300 if single or married filing separately	2	\$ _____
{	\$12,600 if married filing jointly or qualifying widow(er)								
	\$9,250 if head of household								
	\$6,300 if single or married filing separately								
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____						
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____						
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____						
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$ _____						
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____						
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8	_____						
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____						
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____						

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

SHARYLAND
INDEPENDENT SCHOOL DISTRICT
Human Resources Department

NEW EMPLOYEE BENEFITS CONSIDERATION FORM

Name: _____ EIN: _____

Campus: _____ Hire Date: _____

A comprehensive insurance program is available in the Sharyland Independent School District. Eligibility is limited to employees who work at least forty (40) hours per week. Employees have thirty-one (31) calendar days from the date of hire, or the date they become eligible, to decide on the insurance coverage they desire.

STATEMENT OF UNDERSTANDING

_____ I have been advised that I am eligible for benefits, and I understand that it is my responsibility to obtain and return the proper insurance forms to the Risk Management office within thirty-one (31) days of the first day of my employment. I understand that if I do not return these forms, I will not be eligible to enroll in the medical insurance program and other benefits offered unless there is an open enrollment or qualifying lifestyle change. I will be provided information regarding COBRA Benefits should a qualifying event occur.

_____ It has been explained to me why I am not eligible at this time. It is my responsibility to contact the Risk Management office should I become eligible.

Signature _____ Date _____

**SHARYLAND INDEPENDENT SCHOOL DISTRICT
1106 NORTH SHARY ROAD, MISSION, TEXAS 78572
(956) 580-6400 Fax (956) 580-5231**

**CERTIFICATION OF EXAMINATION OF
SCHOOL PERSONNEL FOR TUBERCULOSIS**

This is to certify that:

Name: _____

Address: _____

Social Security Number: _____

Position (Please Check One)

Administration Secretary Teacher Cafeteria Substitute
 Teacher Aide Maintenance Nurse Bus Driver

Applicant was examined for the disease of tuberculosis by the following test(s) and with the results listed in the blanks.

Tuberculin Skin Test Date _____ Negative _____ Positive _____
Undeterminable _____

Chest X-Ray Date _____ Negative _____ Positive _____
Undeterminable _____

Signature of PHYSICIAN licensed in Texas

Printed Name of Physician

Doctor's License Number

(The above statement and signature may be used as a required certificate when completed and signed by a medical doctor licensed to practice medicine in the State of Texas. A signature of anyone other than a licensed doctor is prohibited by law.)

Sharyland ISD adopted board policy DBB (LOCAL) titled EMPLOYMENT REQUIREMENTS AND RESTRICTIONS: MEDICAL EXAMINATIONS AND COMMUNICABLE DISEASES and dated 11/15/96 states:

“Employees new to the District shall provide evidence of a tuberculosis test administered before employment with the District, and shall submit the results of the test. A person who gives evidence of having received a TB test within the previous 12 months shall not be required to take another test.”



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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		E-mail Address			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):

- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write In This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write In This Space</p> </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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative HR Staff	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name Sharyland ISD	
Employer's Business or Organization Address (Street Number and Name) 1106 N. Shary Road		City or Town Mission	State TX	Zip Code 78572

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

Sharyland I.S.D.
Catastrophic Illness or Injury Sick Leave Bank Program
Donation Form

Employee Name: _____
(Please print full legal name)

Last 4 digits of Social Security Number: _____ Date of Birth: _____

Please Check One:

Employee may join by donating 3 days. I wish to enroll in the Sharyland ISD Catastrophic Illness or Injury Sick Leave Bank Program and voluntarily donate 3 days from my local sick-leave balance which will be taken at the time of enrollment.

I waive my participation in the Catastrophic Illness or Injury Sick Leave Bank Program.

I elect to cancel my participation in the Catastrophic Illness or Injury Sick Leave Bank.

I have used days from the bank from the previous contract or school year and wish to continue my membership by donating two (2) additional days this school year.

Donation of two (2) days of local sick leave bank to continue membership.

Donation is completely voluntary. Sharyland ISD employees are cautioned to consider their own present and future needs when determining to donate.

I understand that once sick leave is donated, it becomes the property of the bank until the SISD Superintendent or Human Resources Administrator authorizes its allocation to an employee who qualifies.

Voluntary open enrollment period for current employees begins July 1st of each school year and ends on August 31st of that school year. The effective date will be upon electing enrollment.

New employees hired during or after the enrollment window period will have 14 business days to voluntarily join the Catastrophic Illness or Injury Sick Leave Bank Program.

Employees should contact the Office for Human Resources for details or refer to board policy DEC (LOCAL).

Signature _____
Date

SUBMIT TO:
OFFICE FOR HUMAN RESOURCES
1106 N. Shary Road, Mission, TX 78572
Phone (956) 584-6400 Fax (956) 580-5231

SHARYLAND ISD
RELEASE/CLOSURE OF PERSONAL INFORMATION

Name	Employee Number	
Date of Hire	Date of Termination	
<p>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.</p> <p>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.</p>		
Allow Public Access		
All personal information listed below	No <input type="checkbox"/>	Yes <input type="checkbox"/>
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"/>
Emergency Contact Information	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Information that reveals whether you have family members	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Employee Signature	Date	

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

Employee Name _____

Employee ID# _____

Employer Name _____

Employer ID# _____

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 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. 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. 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 _____

Information about Social Security Form SSA-1945
Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

SHARYLAND

INDEPENDENT SCHOOL DISTRICT
Human Resources Department

Professional Development Appraisal System Status

Complete one of the sections below:

I verify that I have been appraised with PDAS in my prior teaching assignment and participated in training in my previous position with another district during School Year 2013-2014.

Printed Name of Employee

SISD Campus Assignment

Signature of Employee

Date Signed

Former School District Name

Date of Training

Trainers' Name

Attach documentation

I verify that I did not participate in PDAS training last school year, and therefore I will attend the training session offered by the Sharyland Independent School District.

Printed Name of Employee

SISD Campus Assignment

Signature of Employee

Date Signed



Human Resources & Public Information Department

Sharyland ISD
1106 N. Shary Rd.
Mission, TX 78572
Phone: 956-584-6400
Fax: 956-580-5231

Rosa E. O'Donnell
Executive Director
for Human Resources

Angela Garcia
Human Resources Specialist
Professional Staff

Aliza Peña
Human Resources Specialist
Support Staff

Rocio N. Landin
Public Information
Specialist

Norma Quintanilla
Human Resources
Secretary

DATE: _____

TO: _____

FROM: _____ SOCIAL SECURITY # XXX-XX-_____

I have been employed by the Sharyland Independent School District for the _____ school year. The following marked items listed below are needed in order to complete my personnel file. Please send these items at your earliest convenience to the address below,

- _____ Original Service Record
- _____ Official Transcript (s)
- _____ Copies of Evaluations
- _____ Copy of TB Test
- _____ Other

Signature of Employee

Date

MAIL INFORMATION TO

SHARYLAND ISD

ATTN: _____

HUMAN RESOURCE DEPARTMENT

1106 N. SHARY ROAD

MISSION, TEXAS 78572

******ALL PAPERWORK MUST BE SUBMITTED TO THE PERSONNEL OFFICE PRIOR TO THE FIRST PAY PERIOD. DELAY IN PAPERWORK MAY RESULT IN SALARY BEING PAID AT 0 YRS EXPERIENCE UNTIL SERVICE RECORDS ARE RECEIVED, AND YEARS OF SERVICE CAN BE CONFIRMED.**

SISD does not discriminate on basis of race, color, national origin, gender, religion, age or disability in employment or provision of services, programs, or activities