

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
Human Resources Department

AUXILIARY CROSSING GUARD CHECKLIST

Use this checklist to verify all required documentation is correctly completed before forwarding to Human Resources. Incomplete documents will delay the hiring process.

- Emergency Contact Information (page 1)
- Texas Public School Ethnicity and Race Data Questionnaire (page 2)
 - Required by US Department of Education to all state and location education institutions.
 - Page 3 - available in Spanish
- Statement Concerning Your Employment in a Job Not Covered by Social Security (page 4-5)
- Texas Public Information Act (page 6)
- Authorization Agreement for Automatic Deposits (page 7)
 - Sets up direct deposit of payroll payments.
 - Applicant may decline direct deposit and receive payroll debit card.
- Form W-4 (page 8-9)
 - Establishes the applicants withholding exemption for federal income tax.
- Form I-9 Employment Eligibility Verification (page 10-11)
 - **IMPORTANT:** Please make sure Section 1 is completed with applicant's signature.
 - For a list of acceptable documents, please review the 2nd page of the I-9 instructions.
- VALIC Form (page 12-16)
 - Temporary employee positions are not considered TRS-eligible. VALIC form establishes a "FICA Alternative" retirement plan in the applicant's name. This form is required for employment as a temporary employee.

Other forms to print and bring in to orientation: Academic Calendar (page 17), Family Medical Leave Act (page 18), New Employee Log-in Instructions (page 19) and the District Map (page 20)

PLEASE SUBMIT AN OFFICIAL TRANSCRIPT AND SERVICE RECORD
(NO COPIES OR FAXES ARE ACCEPTABLE)



EMERGENCY CONTACT INFORMATION

Employee Information:

Name _____

Home Phone _____ Cell Phone _____

Address _____

City, State, Zip _____

Campus/Department _____

Position _____

Emergency Contact Information:

In case of emergency, illness, or accident to the person named above the school is authorized to proceed as indicated below:

Contact next of kin _____ Relationship _____

Address _____ Phone _____

Work Address _____ Phone _____

The Texas Public Information Act permits members of the public to request certain information from governmental bodies, including public school districts. The Act also allows employees, officials and former employees to elect whether to keep certain information about them confidential. Emergency contact information has been added to the list of items that an employee may withhold from disclosure. Unless you choose to keep it confidential, this information may be subject to public release if requested under the Texas Public Information Act.

Please indicate whether you wish to allow public release of your emergency contact information.

I wish to allow public access to this information. Check one: ___ No ___ Yes

Signature

Date

Exhibit 1A

**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

Student/Staff Identification Number

Date

Texas Education Agency – March 2009

Revised 10/09/09

Exhibit 1B

Agencia de Educación de Texas
Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal
de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o Africano-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal
(por favor use letra de imprenta)

Firma (Padre/Representante legal)
/(Miembro de personal)

Número de Identificación del
Estudiante/Miembro del personal

Fecha

Agencia de Educación de Texas – Marzo 2009

Revisado 10/09/09

Campus/Departamento _____

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

Employee Name _____ (SSN) _____
Employee ID# _____

Employer Name Spring Branch I.S.D. **Employer ID#** 101-920

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 the 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 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 benefits 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) 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** _____

Form SSA – 1945 (12-2004)

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.

SPRING BRANCH ISD
Texas Public Information Act
Public Access Information Option Form

Last Name (Print): _____

First Name (Print): _____

Social Security Number: _____

Current Campus/Department: _____

The Texas Public Information Act permits members of the public to request certain information from governmental bodies, including public school districts. These requests are sometimes referred to as "Open Records Requests".

The Texas Public Information Act allows employees, officials and former employees 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. For your choice to be valid, each item must be chosen separately.

	Do you wish to allow public access? (check one box)	
	No	Yes
1. Home Address		
2. Home Telephone		
3. Social Security Number (This information is <u>already protected</u> through another portion of the Texas Public Information Act; however, we are still required to ask you.)		
4. Information that reveals whether you have family members		

Question: What happens if I do not indicate any choice?

Answer: This information may be subject to public release (except your social security number).

Question: May I change my choice at a later date?

Answer: Yes. However, the information on file on the date a request for information is received is subject to disclosure. A change in your choice may not be backdated to avoid release of information.

Employee Signature: _____

Date: _____

Spring Branch Independent School District

Authorization Agreement for Automatic Deposits

I hereby authorize Spring Branch Independent School District to initiate credit entries (deposits) to the account indicated below and the depository named below to credit the same to such account.

Name (Please Print) _____
Last First MI

Social Security Number: [][][]-[][]-[][][][] Code: [1][4]
1 11

Type of Account (Check One): [] C- Checking [] S - Savings
13 13

Name of Bank _____
Branch _____ City & State _____ Zip _____

Bank Transit / ABA NO: [][][][][][][][][][]
(Appears between symbols on checks/deposit slips) 14 22

Account No: []
23 39

This may be terminated upon 30 days prior written notification from me to Spring Branch Independent School District.

Signature

Note: Attach a voided check below for the above named account. (Deposit slips will not be accepted.)

Form W-4 (2012)

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 2012 expires February 18, 2013. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
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	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 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	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
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	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • 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 \$40,000 (\$10,000 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;">2012</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)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • 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 <u> </u>
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 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 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 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 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 \$3,800 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 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. 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 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 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.

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

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title Records Specialist
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Spring Branch ISD, 955 Campbell Rd, Houston, TX 77024		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
-----------------------	-------------------	---------------------------------

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 (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	8. Native American tribal document
9. Driver's license issued by a Canadian government authority		6. U.S. Citizen ID Card (Form I-197)
For persons under age 18 who are unable to present a document listed above:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	
		8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



Portfolio Director® Fixed and Variable Annuity Application

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

For use with all plan types except individual non-qualified deferred annuities.

1. ANNUITANT/APPLICANT INFORMATION

Name: _____ SSN or Tax ID: _____

Mr. Mrs. Ms. Dr. Rev. Gender: Male Female Date of Birth: _____
Married Not Married Civil Union/Domestic Partner (If recognized by your state, see Information pages.)

Residence Address*: _____

City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Other Phone: (_____) _____

Mailing Address* (if different from above): _____

City: _____ State: _____ ZIP: _____

*All accounts will be updated with these addresses.

2. BENEFICIARY DESIGNATION (Refer to information pages for guidance.)

Note: If your Employer's plan requires that you obtain consent from your spouse to name a beneficiary other than your spouse, complete and return a Beneficiary Designation Form (VL 14945), including the Spousal Consent section, or your beneficiary designation may not be valid with respect to some or all of your death benefits. Contact your Employer for spousal consent requirements applicable to your plan. List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%.

PRIMARY:

Table with 5 columns: Name(s), Relationship or Trustee Name, SSN or Tax ID (Optional), Date of Birth or Trust Date, Percentage (Whole) %.

CONTINGENT:

Table with 5 columns: Name(s), Relationship or Trustee Name, SSN or Tax ID (Optional), Date of Birth or Trust Date, Percentage (Whole) %.

3. INVESTOR PROFILE

Has the Annuitant/Applicant previously purchased mutual funds or other securities? No Yes If yes, number of years: _____

Investment Objective (check one): Safety of Principal Long-Term Growth Income

Risk Profile: Higher Risk Aggressive Moderately Aggressive Moderate Moderately Conservative Conservative Cautious

Financial Situation:

Annual Household Income Under \$50,000 \$50,000 - \$100,000 Over \$100,000 list amount: \$
Net Worth (excluding value of primary residence) Under \$50,000 \$50,000 - \$100,000 Over \$100,000 list amount: \$
Life Insurance (face amount) Under \$50,000 \$50,000 - \$100,000 Over \$100,000 list amount: \$

Tax Bracket: _____ % Dependents: Number: _____ Age(s): _____

Annuitant/Applicant Occupation: Part Time Employee

Current Employer (Required): SBISD Group #: 05208 Retired Unemployed

Employer Address: 955 Campbell Rd City: Houston State: TX

Annual Salary: \$ _____ Date of Hire: _____ Expected Annuity Date: _____ (In the absence of an election, age 75 will be used.)

Is the Annuitant/Applicant employed by or registered with a FINRA member firm? Yes No

4. DOCUMENT DELIVERY CHOICES (Select One)

Electronic delivery Paper delivery

E-mail Address: _____

Electronic delivery is a free service though you may pay Internet service provider fees to access the Internet or receive e-mails. VALIC will send e-mail notices when transaction confirmations, account statements and certain regulatory documents such as prospectuses, supplements, proxies, annual and semi-annual financial reports and privacy notices are available for viewing and/or printing online.

Arizona Residents: On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days if the contract holder is 65 years of age or older on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment option(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.



Important Notice Regarding Replacement of Life Insurance or Annuity

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the agent. A copy must be left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A *replacement* occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A *financed purchase* occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal, or surrender of, or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs, and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY NUMBER	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

You have the right to return the policy or contract within 30 days of the delivery of the contract and receive an unconditional full refund of all premiums or considerations paid including any policy fees or charges or, in the case of a variable or market value adjustment policy or contract, a payment of the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations imposed under such policy or contract.

Notice to applicant: It is important to retain the sales literature provided in this transaction in your personal records.

I certify that the responses herein are, to the best of my knowledge, accurate. I also certify that I only used company-approved sales material and that a copy of all sales material was left with the applicant.

Applicant's Signature and Printed Name _____ Applicant's SSN _____ Date _____

Sal Palatiere _____
Licensed Agent/Registered Representative's Signature and Printed Name _____ Date _____

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)



Portfolio Director® Fixed and Variable Annuity Owner Acknowledgement

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas

SSN or Tax ID: _____

This is a summary of the provisions of your annuity, but it is not a part of your contract/certificate. Your annuity contract/certificate contains complete details. Every effort has been made to make this summary as thorough and accurate as possible. However, it is understood that in the event of any conflict, the terms of the contract/certificate will govern.

The Portfolio Director Fixed and Variable Annuity is designed for the long-term contract/certificate holder who wishes to benefit from the advantage of tax-deferral. This annuity is not appropriate for those who may have short-term goals or need liquidity. Depending on your contract/certificate, significant penalties may apply to early withdrawals. Consult your tax advisor regarding your specific situation.

TWENTY DAY CANCELLATION PERIOD (TWENTY-ONE DAY CANCELLATION PERIOD IN FLORIDA):

If, after reading the contract/certificate, you are not satisfied for any reason, you may return the contract/certificate to us or any agent authorized by us within twenty days after receiving it (twenty-one days in Florida). Depending on your state of issue, we will return either Purchase Payments paid or the contract/certificate value.

EFFECTIVE ANNUAL INTEREST RATE:

NOTE: The interest rate earned on your initial Fixed Account Plus Purchase Payment may be higher or lower than the rate indicated below if the initial Purchase Payment is received after the month/year listed on this form.

The effective annual interest rate for Fixed Account Plus Purchase Payments is _____% for Purchase Payments received in _____(month)/_____(year). To achieve this rate, the initial Purchase Payment must be left on deposit for a full year without any withdrawals. Interest is credited to the account daily and compounded at an annual rate. Effective annual interest rates are declared monthly. Pooled rates are declared on January 1st. All Purchase Payments and amounts deposited or transferred into the Fixed Account Plus will earn fixed rates of interest. Such Purchase Payments may earn different rates of interest for Purchase Payments made at different times. **Also, each Purchase Payment and its related interest may earn interest at different rates as time elapses.** Effective Annual Interest Rate guarantees are based on the contract series and are described in the Portfolio Director interest rate fliers. Contact your financial advisor for the appropriate interest rate flier. On new IRA or Nonqualified accounts that are subject to a full surrender charge period, an interest rate enhancement may apply to deposits made in the first 90 days from the initial Purchase Payment.

The expense charges may be higher and/or the interest credits may be lower for a contract/certificate with a bonus than the charges or credits for a contract/certificate without a bonus. The amount of the bonus may be more than offset by the charges and/or reduced interest associated with the bonus.

MINIMUM GUARANTEED INTEREST RATES:

The minimum guaranteed interest rate for all Purchase Payments in the Fixed Interest Options will not be less than 1%. Some contracts may have higher minimum guarantee interest rates. See your contract/endorsement for the current rate. This minimum guaranteed interest rate is guaranteed for the life of your contract/certificate, and is not subject to change. Amounts in your contract/certificate that are applied to any fixed interest Annuity Income Payment Option are also guaranteed to earn a fixed rate of interest, and this minimum rate of interest is described in your contract/certificate. All Accumulation Values, Surrender Values, paid-up annuity benefits and death benefits available in your contract/certificate are subject to the minimum values defined therein, and are at least equal to those values required by the state in which the contract/certificate is delivered.

PERMITTED FREE WITHDRAWALS:

You may withdraw up to 10% of the account value each contract year. This withdrawal is not subject to any early withdrawal charge. In addition, other exceptions to the early withdrawal charge may apply depending on your contract/certificate.

WITHDRAWAL PRIVILEGES:

Depending on your contract/certificate, each Purchase Payment may be subject to an early withdrawal charge for a five-year period. No early withdrawal charges will be assessed on any withdrawals made after the fifteenth (15th) Contract Year (may be less in some states). To determine withdrawal charges, the newest Purchase Payments are considered withdrawn first. The early withdrawal charge is the lesser of: 5% of the amount withdrawn or 5% of the total Purchase Payment received in the last 60 months, in excess of permitted free withdrawal amounts.

FEDERAL TAX PENALTY AND OTHER TAX INFORMATION:

Withdrawals are generally subject to federal income tax. In addition, withdrawals prior to age 59½ are generally subject to a 10% federal income tax penalty. Tax-qualified contract/certificates such as IRAs, 401(k)s, etc. are tax-deferred regardless of whether or not they are funded with an annuity. If you are considering funding a tax-qualified retirement plan with an annuity, you should know that an annuity does not provide any additional tax-deferred treatment of earnings beyond the tax-qualified plan or program itself. However, annuities do provide other features and benefits such as death benefits and income payment options.

DEATH BENEFIT PROVISIONS:

Death Benefit During Accumulation Period. If you die during the Accumulation Period, a death benefit described in (1) or (2) below is payable. See the Portfolio Director prospectus or your contract/certificate for more information regarding this feature.

1. If you die before age 70 (in any state other than FL or NY), the death benefit is the sum of the benefits under the Fixed Interest Options and the Variable Investment Options as determined and calculated under your contract/certificate.
2. If You die on or after age 70, (or at any age in FL or NY) the death benefit is the greater of:
 - (a) the Accumulation Value on the date VALIC receives all required paperwork, including proof of death; or
 - (b) 100% of the Purchase Payments reduced proportionately by the amount of any prior withdrawals and further reduced by any portion of the Accumulation Value that has been applied under an Annuity Income Option.

Academic Calendar 2012-2013

July							August							September						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	4	2	3	4	5	6	7	8
8	9	10	11	12	13	14	5	6	7	8	9	10	11	9	10	11	12	13	14	15
15	16	17	18	19	20	21	12	13	14	15	16	17	18	16	17	18	19	20	21	22
22	23	24	25	26	27	28	19	20	21	22	23	24	25	23	24	25	26	27	28	29
29	30	31					26	27	28	29	30	31	1	30						
							13 - 15 New Teacher Orientation 16 & 24 Teacher Workdays 17, 20 - 23 Teacher Staff Development 27 Begin Grading Cycle							3 Holiday - Student / Staff						
October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3	2	3	4	5	6	7	8
7	8	9	10	11	12	13	4	5	6	7	8	9	10	9	10	11	12	13	14	15
14	15	16	17	18	19	20	11	12	13	14	15	16	17	16	17	18	19	20	21	22
21	22	23	24	25	26	27	18	19	20	21	22	23	24	23	24	25	26	27	28	29
28	29	30	31				25	26	27	28	29	30	1	30	31					
8 Holiday - Student / Staff [Bad Weather Day if needed] 25 - 26 Elementary Early Dismissal - Parent-Teacher Conferences							21 - 23 Holiday - Student / Staff [21 - Bad Weather Day if needed]							19 - 21 Secondary Early Dismissal 21 Elementary Early Dismissal; End Grading Cycle 24 - 31 Holiday - Student / Staff						
January							February							March						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5						1	2						1	2
6	7	8	9	10	11	12	3	4	5	6	7	8	9	3	4	5	6	7	8	9
13	14	15	16	17	18	19	10	11	12	13	14	15	16	10	11	12	13	14	15	16
20	21	22	23	24	25	26	17	18	19	20	21	22	23	17	18	19	20	21	22	23
27	28	29	30	31			24	25	26	27	28			24	25	26	27	28	29	30
1 - 4 Holiday - Student / Staff 7 Teacher Staff Development - Student Holiday 8 Begin Grading Cycle 21 Teacher Staff Development (Flex) - Student Holiday														11 - 15 Holiday - Student / Staff 29 Holiday - Student / Staff						
April							May							June						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
31	1	2	3	4	5	6				1	2	3	4							1
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29
29 Holiday - Student / Staff [Bad Weather Day if needed]							27 Holiday - Student / Staff [Bad Weather Day if needed]							1 Graduation 3 - 5 Secondary Early Dismissal 5 Elementary Early Dismissal; Last Day of Instruction 6 Teacher Workday						



Grading Periods

First Semester - 80 student days; 87 teacher days
 Second Semester - 98 student days; 101 teacher days

6 Weeks

Aug. 27 - Oct. 3: 27 days
 Oct. 4 - Nov. 9: 26 days
 Nov. 12 - Dec. 21: 27 days
 Jan. 8 - Feb. 22: 33 days
 Feb. 25 - Apr. 17: 32 days
 Apr. 18 - June 5: 33 days

9 Weeks

Aug. 27 - Oct. 23: 40 days
 Oct. 24 - Dec. 21: 40 days
 Jan. 8 - Mar. 8: 43 days
 Mar. 18 - June 5: 55 days

Symbol Key

[Begin Grading Cycle		New Teacher Orientation
]	End Grading Cycle		Teacher Workday - Student Holiday
○	Early Dismissal		Teacher Staff Development - Student Holiday
	Bad Weather Day		Holiday - Student / Staff

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV



NEW EMPLOYEE LOG-IN INSTRUCTIONS

Log into an SBISD computer (and access the network):

1. Contact **713-251-TECH (8324)** to obtain your **username and password**
2. Once you receive your **username and password**, you must log into an SBISD computer for the **first time** to **change your password**
3. On the SBISD computer, make sure you are at the login screen by clicking **START** and **LOG OFF**
4. In the Login box, enter your **username and password**
5. Click **OK**
6. A message will appear: **You are required to change your password at first login**
 - **The network passwords are required to be changed every 180 days during the school year**
 - SBISD requires "strong password"
 - Your password **must be 8 characters** in length
 - Your password must contain **at least 3** of these 4 attributes
 - At least one numeric character (0-9)
 - At least one upper-case letter (A-Z)
 - At least one lower-case letter (a-z)
 - At least one wildcard character (~ ! @ # \$ % ^ & * () _ +)
7. Click **OK**
8. **New password:** type your new password
9. **Confirm new password:** type your new password again
10. Click **OK**
11. Click **OK** when you see the **Your password has been changed** message
12. Once you are finished using the computer, make sure you log off of the computer by clicking **START** and **LOG OFF**

Access **PDLC (Professional Development Learning Center):**

1. Double-click the **INTERNET EXPLORER** icon on the desktop
2. Click on **STAFF** in the upper right corner of the SBISD website (<http://www.springbranchisd.com>)
3. If prompted to login, enter your **username and password**
4. Click the **PDLC** link in the column of the Staff Intranet website

Access **email remotely (outside of SBISD):**

1. Double-click the **INTERNET EXPLORER** icon on the desktop
2. Go to the SBISD website (<http://www.springbranchisd.com>)
3. Click the **Employee Email** link in the left column
4. If prompted to login, enter your **username and password**

PAYCHECKS:

Access **Employee Self Service (ESS):** includes the following features and access to employee information

- Resource links to websites commonly used by Spring Branch employees.
- Personal information contained in the employee payroll database.
- Paycheck information and year-to-date totals.
- W-4 information (federal tax exemption status).

Follow Steps Below to access ESS:

1. Double-click the **INTERNET EXPLORER** icon on the desktop
2. Go to the SBISD website (<http://www.springbranchisd.com>)
3. Click on **HUMAN RESOURCES INFO** under **CAREERS** then **ESS** (<http://www.springbranchisd.com/person/main/ess.htm>) on the right side to access the website
4. Click on the **ESS** link at the top
5. In the upper right hand corner, click **LOG IN**
6. Enter **username** (your last name followed by your first initial and the last four digits of your social security number)
7. Enter **password** (last four digits of your social security number)
8. You will be prompted to **change your password** for future logins. **The minimum password length is four alpha or numeric characters.**
9. Keep this **password** in a safe place. Only you have access to your password. If you misplace your **password**, contact Human Resources at 713-464-1511 or email us at paycheck@springbranchisd.com and ask for a password reset. You will be required to verify your identity.

How do I get the information I need on ESS?






1. After logging in, click on the **Employee Self Service** tab located on the left hand side of the webpage.
2. You are now on the **Welcome to Employee Self Service** page. The right hand side of the page includes links and forms commonly used by Spring Branch employees.
3. **Tabs on the left side of the page** allow you to navigate the site. Most employees will see the following tabs:
 - **Personal Information and Pay/Tax Information**
 - **Personal Information** - display your Employee Profile in the payroll database. If your address is incorrect, please click the **Name & Address Change Form** on the right hand side of the page and follow the instructions on the form.
 - **Pay/Tax Information** - display your most recent paycheck information, year to date earnings, and current W-4 (federal withholding exemption) data.

For assistance, please contact **713-251-TECH (8324)**

Key

- | | |
|---|--|
| 1 Academy of Choice | 30 Shadow Oaks Elementary |
| 2 Bear Blvd. School, The | 30T Shadow Oaks Transition Campus |
| 3 Bendwood Campus | 31 Sherwood Elementary |
| 4 Buffalo Creek Elementary | 32 Spring Branch Administration |
| 5 Bunker Hill Elementary | 33 Spring Branch Education Center |
| 6 Career & Technology Ed. | 34 Spring Branch Elementary |
| 7 Cedar Brook Elementary | 35 Spring Branch Middle |
| 8 Cornerstone Academy | 36 Spring Branch Support Center |
| 9 Early Childhood Collaborative (Head Start) Campus | 37 Spring Forest Middle |
| 10 Edgewood Elementary | 38 Spring Oaks Middle |
| 11 Frostwood Elementary | 39 Spring Shadows Elementary |
| 12 Guthrie Center, The | 40 Spring Woods Middle |
| 13 Hollibrook Elementary | 41 Spring Woods Senior |
| 14 Housman Elementary | 42 Stratford Senior |
| 15 Hunters Creek Elementary | 43 Terrace Elementary |
| 16 Landrum Middle | 44 Thornwood Elementary |
| 17 Lion Lane School, The | 45 Tiger Trail School, The |
| 18 Meadow Wood Elementary | 46 Treasure Forest Elementary |
| 18T Meadow Wood Transition Campus | 47 Valley Oaks Elementary |
| 19 Memorial Drive Elementary | 48 Warehouse Complex (Central Warehouse, Child Nutrition Services, Maintenance, Purchasing, SERS, Records Management, Textbook Services, Transportation) |
| 20 Memorial Middle | 49 Westchester Academy for International Studies |
| 21 Memorial Senior | 50 Westwood Elementary |
| 22 Natatorium | 51 Wilchester Elementary |
| 23 Northbrook Middle | 52 Wildcat Way School, The |
| 24 Northbrook Senior | 53 Woodview Elementary |

- 2010-2011 Bond Transition Sites
- Pre-K Centers
 - Elementary Schools
 - Middle Schools
 - High Schools
 - Charter Schools
 - District Facilities

-  SBISD Police Command Center
9009 Ruland Road
-  Tax Office
8880 Westview Drive
-  Don Coleman Coliseum
1050 Dairy Ashford
-  Tully Stadium
1050 Dairy Ashford
-  Grob Stadium
9000 Westview Drive

