

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT**  
**Human Resources Department**

**PARAPROFESSIONAL/AUXILIARY CHECKLIST**  
*(Do not use for Crossing Guards)*

**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 2<sup>nd</sup> page of the I-9 instructions.

**Other forms to print and bring in to orientation:** Academic Calendar (page 12), Family Medical Leave Act (page 13), New Employee Log-in Instructions (page 14), Employee Quick Reference Card for GUSS (page 15-17), District Map (page 18) and Staff Development CEOP Information (page 19-20)

**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](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

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

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

## **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](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplm.oswm.rqct.orders@ssa.gov](mailto: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?<br>(check one box) |     |
|---|--|-----|
|   | No   | Yes |
| 1. Home Address   |  |     |
| 2. Home Telephone   |  |     |
| 3. Social Security Number<br>(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 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](http://www.irs.gov) for information about Form W-4, at [www.irs.gov/w4](http://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.)

|          |  |          |               |
|----------|--|----------|---------------|
| <b>A</b> | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .  | <b>A</b> | <u>      </u> |
| <b>B</b> | Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>  | <b>B</b> | <u>      </u> |
| <b>C</b> | Enter "1" for your <b>spouse</b> . 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.) . . . . .  | <b>C</b> | <u>      </u> |
| <b>D</b> | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .   | <b>D</b> | <u>      </u> |
| <b>E</b> | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .  | <b>E</b> | <u>      </u> |
| <b>F</b> | Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .<br>( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)  | <b>F</b> | <u>      </u> |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children.<br>• 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 . . . . .   | <b>G</b> | <u>      </u> |
| <b>H</b> | Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶  | <b>H</b> | <u>      </u> |
|          | For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> |          |               |

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

|   |   |   |
|---|---|---|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service   | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p> | OMB No. 1545-0074<br><br><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.<br><b>Note.</b> 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><br>6 \$ <u>      </u>   |
| 7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b><br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.<br>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.   |   |   |
| <b>Employee's signature</b><br>(This form is not valid unless you sign it.) ▶   |   | <b>Date</b> ▶   |
| 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.

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | 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 . . . . . | <b>1</b>  | \$ _____ |
| <b>2</b>  | Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .           | <b>2</b>  | \$ _____ |
| <b>3</b>  | <b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .  | <b>3</b>  | \$ _____ |
| <b>4</b>  | Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)   | <b>4</b>  | \$ _____ |
| <b>5</b>  | <b>Add</b> 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.) . . . . .  | <b>5</b>  | \$ _____ |
| <b>6</b>  | Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .   | <b>6</b>  | \$ _____ |
| <b>7</b>  | <b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .  | <b>7</b>  | \$ _____ |
| <b>8</b>  | <b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .  | <b>8</b>  | _____    |
| <b>9</b>  | Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .   | <b>9</b>  | _____    |
| <b>10</b> | <b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1      | <b>10</b> | _____    |

**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.

|  |   |          |          |
|--|---|----------|----------|
| <b>1</b>   | Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )   | <b>1</b> | _____    |
| <b>2</b>   | Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .   | <b>2</b> | _____    |
| <b>3</b>   | If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .   | <b>3</b> | _____    |
| <b>Note.</b> If line 1 is <b>less than</b> 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. |   |          |          |
| <b>4</b>   | Enter the number from line 2 of this worksheet . . . . .  | <b>4</b> | _____    |
| <b>5</b>   | Enter the number from line 1 of this worksheet . . . . .  | <b>5</b> | _____    |
| <b>6</b>   | <b>Subtract</b> line 5 from line 4 . . . . .  | <b>6</b> | _____    |
| <b>7</b>   | Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .   | <b>7</b> | \$ _____ |
| <b>8</b>   | <b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .  | <b>8</b> | \$ _____ |
| <b>9</b>   | 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 . . . . . | <b>9</b> | \$ _____ |

**Table 1**

**Table 2**

| Married Filing Jointly                      |                       | All Others                                  |                       | Married Filing Jointly                       |                       | All Others                                   |                       |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> 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.

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<br>Records Specialist |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)<br>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)  |
|   | <b>For persons under age 18 who are unable to present a document listed above:</b>  | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179)  |
|   | 10. School record or report card  | 8. Employment authorization document issued by the Department of Homeland Security  |
|   | 11. Clinic, doctor, or hospital record  |   |
|   | 12. Day-care or nursery school record   |   |

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

# 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<br>16 & 24 Teacher Workdays<br>17, 20 - 23 Teacher Staff Development<br>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<br>[Bad Weather Day if needed]<br>25 - 26 Elementary Early Dismissal - Parent-Teacher Conferences                                      |    |    |    |    |    |    | 21 - 23 Holiday - Student / Staff<br>[21 - Bad Weather Day if needed]  |    |    |    |    |    |    | 19 - 21 Secondary Early Dismissal<br>21 Elementary Early Dismissal;<br>End Grading Cycle<br>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<br>7 Teacher Staff Development - Student Holiday<br>8 Begin Grading Cycle<br>21 Teacher Staff Development (Flex) - Student Holiday |    |    |    |    |    |    |  |    |    |    |    |    |    | 11 - 15 Holiday - Student / Staff<br>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<br>[Bad Weather Day if needed]  |    |    |    |    |    |    | 27 Holiday - Student / Staff<br>[Bad Weather Day if needed]  |    |    |    |    |    |    | 1 Graduation<br>3 - 5 Secondary Early Dismissal<br>5 Elementary Early Dismissal;<br>Last Day of Instruction<br>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](http://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](mailto: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)**

**SPRING BRANCH ISD  
EMPLOYEE'S GUS QUICK REFERENCE**

The Gus system will give prompts to guide users through the steps listed below.

► **TO REGISTER AS A NEW USER AND RECEIVE YOUR PERSONAL IDENTIFICATION NUMBER (PIN):**

1. Enter your social security number when Gus ask for your **ACCESS ID , PRESS the STAR KEY.\*.**
2. Enter your social security number again when ask for **PIN NUMBER, PRESS the STAR KEY \*** If Gus doesn't accept it, hang up and call the help desk).
3. **Record your name clearly after the tone, press the star key**

**PRESS 1** if you like the recording  
**Press 9** to re-record your name

4. **ENTER YOUR new PIN, followed by the STAR KEY \*.**

The system reads your **WORK LOCATION**, then your **JOB DESCRIPTION**.

**PRESS 7** to review

**PRESS 1** if the information is correct

**PRESS 3** if the information is not correct

**PRESS 5** to hear the information again

Call the help desk with any corrections needed.

**WRITE YOUR PIN NUMBER IN A SAFE PLACE.**

**PRESS 1** to review your PIN, **PRESS 9** when finished

**YOUR REGISTRATION IS NOW COMPLETE!**

► **TO REVIEW YOUR PIN NUMBER OR CHANGE THE RECORDING OF YOUR NAME AFTER YOU HAVE REGISTERED:**

Follow steps 1 through 3 in the previous instructions as if you were registering as a new user.

► **TO ENTER AN ABSENCE:**

1. Enter your **PIN**, then **PRESS 1** to ENTER AN ABSENCE.
2. **PRESS 1** for a **ONE-DAY** absence for the **CURRENT** day, **OR**  
**PRESS 5** for a **ONE-DAY** absence for the **NEXT WORK DAY, OR**  
**PRESS 7** to enter **DATES AND TIMES**.  
  
**PRESS 5** to manually enter the **START** and **END** time if **different from normal**.
3. Enter the number which corresponds to the **REASON FOR ABSENCE** (see list). Then **PRESS** the **STAR KEY**.  
Note: To hear a list of absence reasons, **PRESS** the **STAR KEY** by itself.
4. **PRESS 1** to **RECORD SPECIAL INSTRUCTIONS** that will be heard by substitute when job is offered **OR** **PRESS 5** to **BYPASS**.
5. **PRESS 1** if a **SUBSTITUTE IS REQUIRED**  
**PRESS 3** if **NO SUBSTITUTE IS REQUIRED**

6. **PRESS 1** to **REQUEST A SPECIFIC SUBSTITUTE** **OR**  
**PRESS 3** to **BYPASS THIS STEP**

► **TO REQUEST SPECIFIC SUBSTITUTE:**

Enter last 7 digits of his/her telephone number (no area code) and **PRESS** the **STAR KEY**

**PRESS 1** if no prior arrangement has been made with substitute

**PRESS 3** to automatically assign the substitute **THEN**

**PRESS 1** to confirm that the substitute has already agreed to fill the absence.

**PRESS 1** to receive the job number.

**IMPORTANT** – Wait for Gus to state the job number, which completes entry of the absence!

► **TO REVIEW OR CANCEL AN ABSENCE, OR MODIFY SPECIAL INSTRUCTIONS:**

**PRESS 1** to hear the information

**PRESS 3** to hear another absence

**PRESS 5** to cancel the job

**PRESS 6** to modify the special instructions

**PRESS 1** to cancel (wait for Gus to state “job number XXXX has been canceled”)

**ABSENCES CAN BE REPORTED  
90 DAYS IN ADVANCE.**

**REASONS FOR ABSENCE:**

1. STATE LEAVE
2. LOCAL SICK LEAVE
3. STATE PERSONAL LEAVE
5. STAFF DEVELOPMENT
6. STUDENT ACTIVITY
7. JURY DUTY
8. LEAVE OF ABSENCE
10. NON-DUTY
12. VACATION
13. DOCK
14. MILITARY LEAVE
16. COMP TIME

**Gus Phone Number (713) 365-4877(GUSS)**  
**After you have registered by phone you may use the online access**  
**<https://gus.springbranchisd.com>**

**Help Desk Phone Number (713) 365-4661**  
**[Gloria.tennon@springbranchisd.com](mailto:Gloria.tennon@springbranchisd.com)**  
**HELP DESK HOURS 6:30 AM – 3:00PM**

**Write your PIN number here \_\_\_\_\_**

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
EMPLOYEE BROWSER ACCESS**

**Web Browser Access Instructions**

Web Browser URL \_\_\_\_\_  
**https://gus.springbranchisd.com**

Help Desk Phone Number **713-365-4661**

**Sign In**

Open your web browser and access the SmartFindExpress Sign In page. Review the messages above the Sign In. Enter your Access ID and PIN. Review additional announcements on your home page, if any.

**LANGUAGE SELECTION**

If multiple languages are present, the language choice is offered on the Sign In page. Selecting the language choice on the Sign In page will immediately refresh the page, and all screens are displayed in the selected language after you successfully log into the system. The language choice must be made before clicking the *Submit* button on the Sign In page.

**PIN REMINDER**

The "Forgot your PIN?" link supports users who want to log into the system, but have forgotten their PIN. When this link is selected, the system displays the PIN Reminder Request page. The user's Access ID and the security code being displayed must be entered on this page. **Note: You must be registered with the system and enter your email address in the user's profile to use this option.**

*If the submitted information is valid*, the system sends the user an email containing their PIN. This information will enable the user to successfully log into the system. The email is sent to the email address in the user's profile. *If the submitted information is invalid*, the system will return an error message and allow new information to be entered.

**PROFILE**

- Choose the *Profile* link to review current status and address information, and to add or change the email address on your profile.
  - Select the *Email* link to add or change the email address on your profile.
    - Type in the email address
    - Select the *Save* button

**Create Absence**

**Important Note: Items in Bold are required to complete an Absence and receive a Job Number.**

- **Select the Location**
- **Select the Classification**
  - Choose from the drop-down menu
- **Select the Reason for this absence from the drop-down menu**
- Enter Budget Code, if applicable.
- **Indicate if a substitute is required for this absence.**
  - **Choose Yes or No**
- **Select Start and End Dates for your absence**
  - Enter the dates with forward slashes (MM/DD/YYYY) or use the calendar icon

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
EMPLOYEE BROWSER ACCESS**

- **Select Start and End Times for your absence. Default times are listed**
  - To change defaults, enter time in HH:MM am or pm format
  - Ensure that the correct time is entered. If the times for the substitute are different than the absence times, please enter the adjusted times
- Multiple Day (Recurring) Absence. Select the *Modify Schedule* button.
  - Your default work schedule is shown. Remove the checkmark(s) from the Work Days boxes that do not apply to this absence
  - Modify daily schedule and/or times for absence and substitute
  - Select the *Continue* button
- Request a particular substitute
  - Enter the substitute's access ID number or use the Search feature to find the substitute by name
- Indicate if the requested substitute has accepted this job
  - Yes = substitute is prearranged and will not be called and offered the job
  - No = call will be placed and the substitute will be offered the job
- Enter special instructions for the substitute to view
- Add File Attachment(s) to the job record, if desired. Up to 3 files can be added. The attachments can be lesson plans, slides, images or other file types. Files cannot exceed the maximum per file size limit.
- **Select the Continue button**
- **Select the Create Absence button to receive a Job Number. Please record this Job Number.**

**Review/ Cancel Absences**

Review past, present and future absences or to cancel an absence.

Follow these steps

- Select the format for absence display: List or Calendar view
- Search for Jobs: Enter specific date range (MM/DD/YYYY) or Calendar icon, or enter job number or leave blank to return all your absences
- Select the *Search* Button
- Select the *Job Number* link to view job details on future jobs






From the Job Details screen

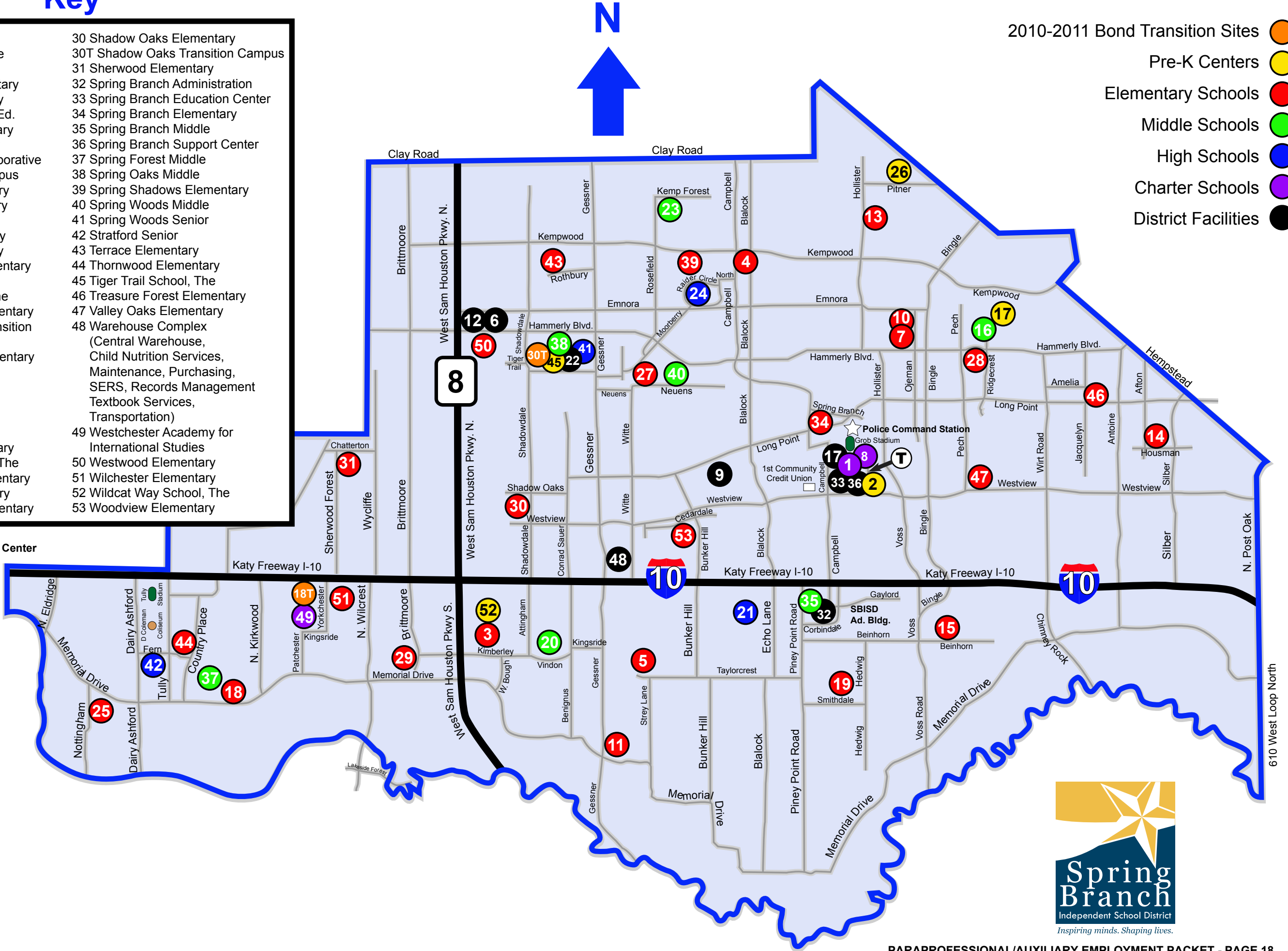
- Special instructions can be updated on future jobs. Modify the special instructions and select the *Save* button
- To cancel your job, select the *Cancel Job* button
- If a substitute is assigned to your absence and you want the system to notify them of the job cancellation (by calling them), place a checkmark in the box prior to the question "Notify the Substitute of Cancellation?"
- Select *Return to List* button to return to the job listing.

# 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



## CEOP Program

The Certified Educational Office Professional (CEOP) program is available to office and classroom paraprofessionals for a nominal fee and by application. The program focuses on developing communication, professional and leadership skills.

Applications are accepted in early September to become part of a 20-person cohort who will attend nine required classes and also earn 18 hours of self-chosen staff development hours. Upon completion of the required course work, the Texas Educational Support Association (TESA) will issue a certificate of completion.

SBISD employees who complete the program are eligible for an annual stipend once current year TESA membership is paid, and six hours of continuing education credits are submitted to the TESA office in Austin, TX.



**Staff development credit can also be earned by taking job-related college courses and submitting documentation into the PDLC system.**



## Staff Development Information for Paraprofessionals

### SBISD Employee Development Department



### SBISD Employee Development Department

Coordinator:  
Becky Wuerth, MBA  
955 Campbell Road  
Houston, TX 77024

Phone: 713-251-2401  
Fax: 713-365-4819  
E-mail:  
becky.wuerth@springbranchisd.com

955 Campbell Road  
Houston, TX 77024  
713-251-2401

# SBISD Believes in Staff Development



**W**elcome to Spring Branch Independent School District where employees are strongly encouraged by District leaders to grow professionally and personally. The ultimate goal is for strengths, improved skills, and new ideas gained through staff development to support the “inspiring” and “shaping” of SBISD students.

As a paraprofessional, you have unique opportunities in SBISD to take a variety of classes, mostly free of charge. Classes are offered during the work day, and after work hours to accommodate various schedules.

Class offerings are publicized via email announcements to Campus and Department Administrative Assistants who then forward the notices to other paraprofessionals at their worksites.

Be sure to ask your administrative assistant to add your name to the email distribution list.



**Two SBISD Paraprofessional Learning Conferences are held each year: August and January.**

**A great way to explore many different topics.**

## Staff Development Policy

SBISD policy states that “Paraprofessional, auxiliary staff, and office professionals will complete six clock hours per [school] year. Hours will be completed as part of the District or campus professional development days; other approved activities during or after workday.”

Staff development hours are recorded on your annual performance appraisal so it is important to complete at least six hours of staff development per school year. Extra hours are also noted on the appraisal to document training hours earned beyond the policy requirements. This extra-effort desire to grow and improve professionally will be a positive reflection on you.

## Flex Day

One staff development day per year is designated as the Flex Day on the SBISD academic calendar—usually in January. Employees who have earned six non-contract (after work) hours of staff development *prior* to the Flex Day have the option to exchange those hours for the day off, with permission from their supervisor. Flex hour requirements are in addition to the policy-required six hours described above.

Paraprofessionals without six non-contract hours to exchange will report to work on the Flex Day, and/or attend scheduled staff development .



**PDLC  
(Professional Development Learning Center)**

Professional Development hours are tracked and reported in the PDLC system. This is also where you will register for classes you want to attend.

### How to Register for a class:

1. Open the SBISD Intranet Page
2. Click on the link that says “PDLC”
3. On the next page, click on the “Go to the PDLC” link in the red box.
4. In a few seconds the Welcome page will load.
5. Type the class number in the Search box in the upper right corner of the page, and then click on the magnifying glass icon in the box.
6. Once the class information appears, click on the “Check Out” button in the far right column.
7. The class name will now appear in the “Shopping Cart,” which is a white box on the lower left part of the page.
8. Click on “Check Out” .
9. On the next page, be sure to click “Finalize” to complete the registration.
10. A confirmation email from the PDLC system will be sent..
11. Prior to the class date a reminder email will be sent from the PDLC system.

Please Note: Handouts, seating and refreshments are prepared based on the enrollment numbers in PDLC. Please attend each class registered for so District resources are not wasted.