

# Palestine Independent School District

## Administrative Offices

1007 E. Park Avenue • Palestine, TX 75801

<http://www.palestineschools.org>

**Jason Marshall**  
Superintendent

**Suzanne Eiben**  
Assistant Superintendent

July 30, 2020

Dear Substitute Teacher:

Thank you for your commitment to become a part of the Wildcat Nation in your role as a substitute teacher. Your service is valued and appreciated.

Due to the COVID-19 pandemic, we will adjust our Substitute Orientation this year. If you participated in the orientation and served as a substitute teacher during the 2019-2020 school year, the requirement to fulfill orientation is that you review the Substitute Handbook, sign the affidavit that you have completed the review, and complete the insurance forms that must be returned.

You may find the Substitute Handbook and these forms at [www.palestineschools.org](http://www.palestineschools.org). Please return the completed forms to the Administration office at 1007 E Park Ave or email them to Marilyn Moore at [mmoore@palestineschools.org](mailto:mmoore@palestineschools.org). You will be added to the substitute list when the necessary forms are submitted.

If you are new to the substitute pool in PISD or you did not participate in the 2019-2020 Substitute Orientation, you must attend a training session. Training sessions are scheduled for Wednesday, August 12, 2020. There are three scheduled sessions : 9:00 a.m., 10:00 a.m., and 11:00 a.m. If additional times are needed, we will add those and you may be scheduled to one of the additional times. You must attend one session and you must make an appointment to learn the time to attend. Only a limited number will be scheduled for each session. You may email Marilyn Moore at the above address to let her know you will attend. She will respond to tell you the time/session you will need to attend. All training sessions will be at the PISD Administration office at 1007 E. Park Ave. Please be on time to your session as you can see our times are very limited.

**YOU MUST WEAR A MASK TO ATTEND THE TRAINING.**

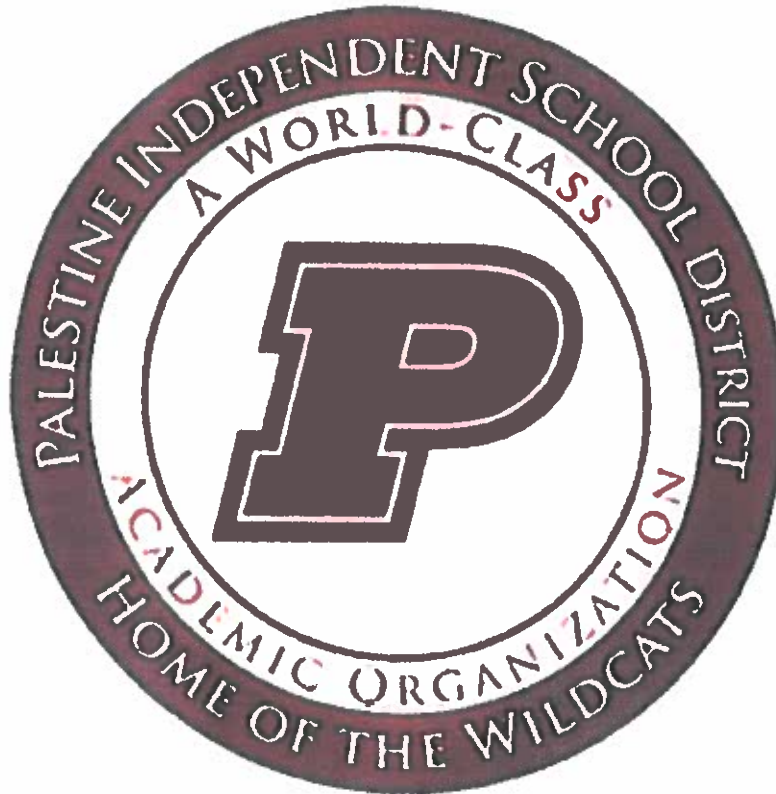
Again, thank you for choosing to be a substitute. We could not provide for students as we plan without you! Please contact us immediately to ensure that you can be a part of a phenomenal team!

Sincerely,



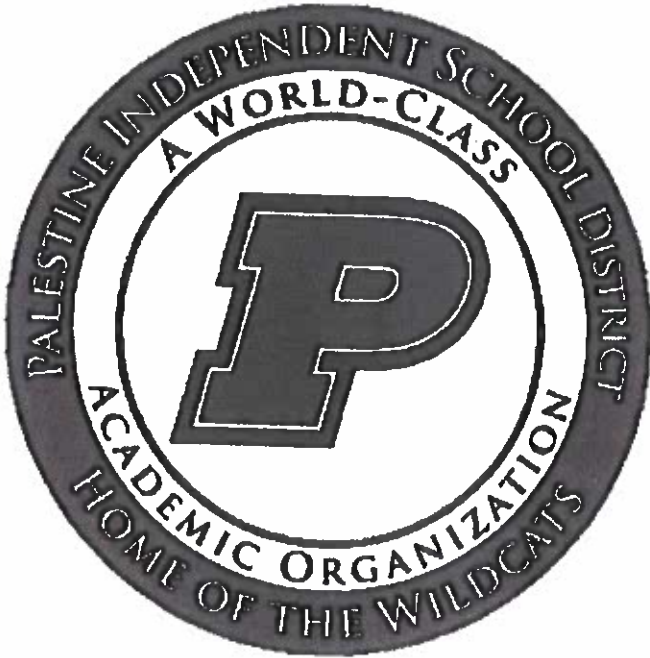
Suzanne Eiben  
Assistant Superintendent of HR

# Palestine Independent School District



## Substitute Teacher Handbook

2020-2021



**Dear Substitute Teacher:**

On behalf of the Palestine Independent School district, we welcome you. The services that substitute teachers provide to the students of Palestine are highly valued. We depend on you to provide continuity to the instructional program in the absence of the classroom teacher.

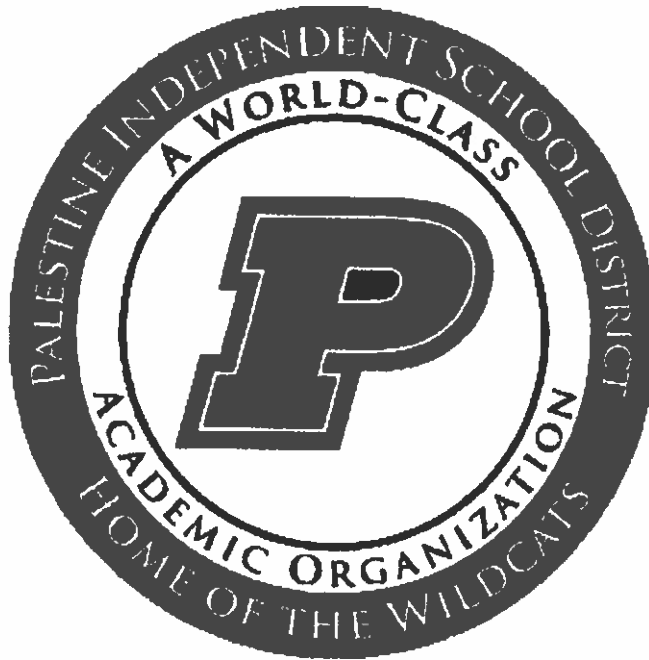
As you join us in educating the young people who will be assigned to your care, every effort will be made to provide support and assistance. Because you will be in many different classrooms and teaching many different grade levels, it is important that you have a clear understanding of how to handle various situations as they relate to PISD policies and procedures. You may view the PISD Employee Handbook at:

<http://www.palestineschools.org/home> Select the staff heading and employee handbook

Please take the opportunity to familiarize yourself with the PISD Substitute Handbook. Inside you will find many useful resources including:

- District mission statement
- Campus and district contact information and directions
- Substitute responsibilities and guidelines
- Payroll information
- District calendar
- Tips for effective classroom management

Please know that the purpose of this handbook is to provide information that will help with questions and pave the way for a successful year. Not all district policies and procedures are included. For more information, you may confer with the campus principal or call the appropriate district office. We look forward to working with you.



## **Mission Statement**

To foster relationships that:

**Excite**

**Engage**

**And Empower**

**Our students and community to achieve**

**Excellence**

**... A World Class Academic Organization**

# **General Information**

## **Substitute Office Contact Information**

Office Hours: 8:00 – 4:30 Monday – Thursday *during school year*  
8:00 – 4:00 Friday – *during the school year*  
7:30 – 4:45 Monday–Thursday *during summer break*

Telephone: 903-731-8061

Fax: 1-877-766-4983

*Congratulations! You've decided to work as a substitute educator. Substitute work is an important educational component in our schools. It is a rare educator who never needs a substitute for either personal or professional reasons. Principals, teachers, parents, and students value a good substitute educator. Research has shown that a student spends over one full year with a substitute educator by the time the student graduates from high school. Skilled substitute educators can have a significant, positive impact on the quality of education while the permanent educator is unavailable.*

*As you join us in educating the young people who will be assigned to your care, every effort will be made to provide support and assistance. Because you will be in many different classrooms and teaching many different grade levels, it is important that you have a clear understanding of how to handle various situations as they relate to PISD policies and procedures.*

*Whether this is your first time as a substitute in a classroom or you are a seasoned "pro" there are always things to learn and ways to do the job more efficiently and more affectively. With your training and this handbook it is our hope your substitute journey will be exciting and rewarding.*

## **Contact Person of Palestine ISD Campuses**

**Washington Early Childhood Center – (903) 731-8030  
Kim Kellar**

**Northside Primary – (903) 731-8020  
Cynthia Coman**

**Southside Elementary – (903) 731-8023  
Cheryl Walding**

**Story Intermediate – (903) 731-8015  
Debra Smith**

**Palestine Junior High - (903) 731-8008  
Barbara Thomas**

**Palestine High School – (903) 731-8005  
Sherry Commander**

## **Work Day Start and End Times**

<b>Campus</b>	<b>Start Time</b>	<b>End Time</b>
Washington Early Childhood Center	7:45	3:00
Northside Primary	7:45	3:10
Southside Elementary	7:45	3:10
Story Intermediate	7:55	3:35
Palestine Junior High School	8:00	3:40
Palestine High School	8:00	3:40

## **Payroll Information**

### **Pay Rate for Substitute Teaching:**

High School Diploma      \$65.00 per day

College Degree              \$75.00 per day

Degree/Certified          \$85.00 per day

### **Pay Day**

Pay Day is the 25<sup>th</sup> day of each month. If the 25<sup>th</sup> falls on a Saturday/Sunday, payday is on Friday. Your check will be mailed after this time. If the 25<sup>th</sup> day of the month is on the weekend or during a school holiday, you pick up your check the last day of the work week prior to the 25<sup>th</sup>.

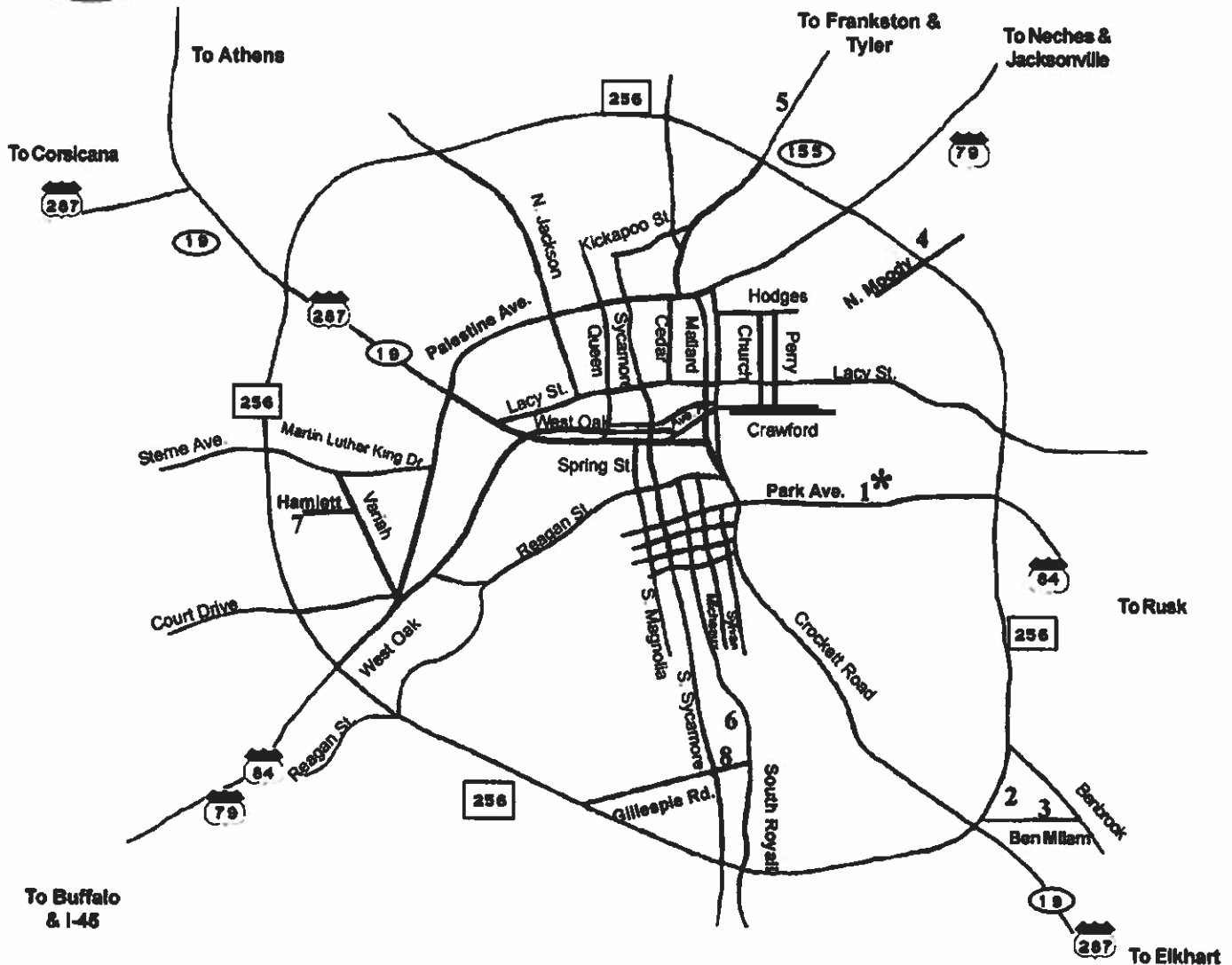
### **The Schedule of Pay Dates for the 2019-2020 School year follows:**

September 25, 2020	February 25, 2021
October 23, 2020	March 25, 2021
November 20, 2020	April 23, 2021
December 18, 2020	May 25, 2021
January 22, 2021	June 25, 2021



# ***Palestine Independent School District***

1007 East Park Avenue \* Palestine, Texas 75801  
Office 903-731-8000 \* Fax 903-729-5588



**(1) Administration Building**  
1007 East Park Avenue  
903-731-8000

**(2) Palestine High School**  
1600 South Loop 256  
903-731-8005

**(3) Palestine Middle School**  
233 Ben Milam Dr.  
903-731-8008

**(4) A. M. Story Intermediate**  
5300 North Loop 256  
903-731-8015

**(5) Northside Primary**  
2509 Highway 155 North  
903-731-8020

**(6) Southside Elementary**  
201 East Gillespie Road  
903-731-8023

**(7) Washington Early  
Childhood Center**  
1020 W. Hamlet  
903-731-8030

**(8) Transportation/Maint.**  
1301 South Royal Street  
903-731-8038





2020-2021

# Revised Academic Calendar

## Palestine Independent School District

AUGUST						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBER						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

OCTOBER						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JANUARY						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

MARCH						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

APRIL						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

MAY						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

JULY						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

	Beginning/End of Grading Period		Staff Development/Student Holiday		Early Release		Student Home Learning/Staff Development
	STAAR Testing Days		Student and Staff Holiday		On-Line Staff Development/Student Holiday		Summer School

**August**  
 Staff Development/Student Holiday.....3-7  
 Class Begins .....10  
 Student Home Learning/Staff Development-14, 21&28

**September**  
 Student Home Learning/Staff Development.....4  
 Student and Staff Holiday.....7  
 End of 1st Grading Period.....25  
 Begin 2nd Grading Period.....28

**October**  
 Student Home Learning/Staff Development.....2  
 Student and Staff Holiday.....5

**November**  
 End of 2nd Grading Period.....6  
 Begin 3rd Grading Period.....9  
 Student Home Learning/Staff Development.....13  
 Online Staff Development/Student Holiday.....23  
 Thanksgiving Holidays .....24-27

**December**  
 End of 3rd Grading Period.....18  
 Early Release..... 18  
 Christmas Holidays .....21-31

**January**  
 Student Holiday.....1  
 Staff Development/Student Holiday.....4  
 Begin 4th Grading Period (2nd Semester).....5  
 Student Home Learning/Staff Development.....15  
 Student and Staff Holiday.....18

**February**  
 End of 4th Grading Period.....11  
 Student Home Learning/Staff Development.....12  
 Begin 5th Grading Period.....15

**March**  
 Early Release.....12  
 Spring Break .....15-19

**April**  
 End of 5th Grading Period.....1  
 Student and Staff Holiday.....2  
 Begin 6th six weeks .....5

**May**  
 Early Release.....21  
 End of 6th Grading Period-Early Release .....21  
 Graduation.....21  
 Summer School Begins.....24  
 Staff Development/Student Holiday.....31

**June**  
 Summer School Ends.....1

**July**  
 Summer School Ends.....1

## **SUBSTITUTING AFTER TEXAS SCHOOL DISTRICT RETIREMENT**

A **SUBSTITUTE** for TRS purposes is a person who serves on a temporary basis in the place of a **current** employee. The position filled by the retiree cannot be vacant and be considered a substitute position. The reason the position is vacant or the length of time the position is expected to be vacant does not change the outcome: a **retiree cannot be considered as a substitute when serving in a vacant position.** ([www.trs.state.tx.us](http://www.trs.state.tx.us))

**TRS Guidelines are very clear.**

- 1. Retirees who retired *before January 1, 2005* may sub in a vacancy with no penalty to the retiree or the school district.**
- 2. Retirees who retired *after January 1, 2005* but *before January 1, 2011* may sub in a vacancy **IF** the district agrees to pay the penalty levied by TRS.**
- 3. Retirees who retired *after January 1, 2011* **MAY** sub in a vacancy however **THEY WILL LOSE THEIR MONTHLY TRS ANNUITY PAYMENT.****

Retirees are urged to contact the PISD payroll supervisor before accepting ANY substitute assignments in a vacant position.

- Palestine ISD cannot and does not make any guarantees regarding the employee's continued right to receive retirement benefits.
- The employee is responsible for their own investigation and understanding of the law, guidelines, rules, and regulations regarding employment after retirement and is not relying on any statements made by the District or the District representatives regarding the effect of employment on the employee's retirement benefits.
- If it is determined the District must report the employment of the retiree to TRS the employee understands the requirement and agrees to take no legal action against the District, its Board of Trustees, Superintendent, or any employee or agent of the District for any loss or reduction in the employees' retirement benefits.
- It is always recommended that the retiree checks with **TRS** to learn the affect that substituting will have on a **TRS annuity.**

## **Reporting to Substitute Assignments**

1. Report to Principal's secretary upon arrival to receive any information pertaining to the class assignment and keys.
2. Sign-in on the appropriate sheet for substitute teachers.
3. Review lesson plans, seating charts, any instructions provided by the classroom teacher prior to the beginning of the first class you are assigned.
4. Follow the procedures provided for reporting attendance, giving instructions and assignments, collecting students' work, and releasing and dismissing students.
5. Report to any duties for which the classroom teacher has responsibility.
6. Sign-out at the time you leave the campus.

## **Evaluation Report**

Upon arrival and signing –in at the office, you will pick up the form. At the end of the day, please complete the form and leave it with your notes for the classroom teacher.

Because you, as a substitute, play a vital role in the education of our students, this performance report will assist us in developing an effective substitute program.

If there is a situation which causes concerns, you may be required to discuss the concern with the campus principal. The reports will be returned to the personnel office. If there is a concern that could be detrimental to the education of students, you will be required to conference with the Assistant Superintendent. We will work to resolve the situation. If a concern or problem persists and performance reports indicate ineffective teaching or disruption to the education of students, the substitute will be removed from employment in PISD. A general guideline for removal from our substitute list will be 3 reports which indicate that a substitute has been involved in situations that are not conducive to student learning. Your cooperation in this will be greatly appreciated.

## **Standards of Conduct**

**All individuals serving as a substitute for the district shall comply with all Palestine ISD Board Policies, Including, but not limited to, "Standards of Conduct". A printed copy of these policies is available at every campus office and on-line at [www.palestineisd.org](http://www.palestineisd.org).**

**As stated in Policy:**

- **The educator shall not knowingly engage in deceptive practices regarding official policies of the school district or educational institution.**
- **The educator shall not use institutional or professional privilege for personal or partisan advantage.**
- **The educator shall neither accept nor offer gratuities, gifts, or favors that impair professional judgment or to obtain special advantage. This standard shall not restrict the acceptance of gifts or tokens offered and accepted openly from students, parents, or other persons or organizations in the recognition or appreciation of service.**
- **The educator shall not reveal confidential information concerning students unless disclosure serves lawful professional purposes or is required by law.**
- **Palestine ISD has a strict policy regarding photographing or videotaping students, employee, parents, classes, etc. REFRAIN from taking any photograph or recording classes, students, parents, educators, etc. at any time.**
- **The educator shall not knowingly treat a student in a manner that adversely affects the student's learning, physical health, mental health, or safety.**
- **The educator shall not deliberately or knowingly misrepresent facts regarding a student.**
- **The educator shall not exclude a student from participation in a program, deny benefits to a student, or grant an advantage to a student on the basis of race, color, sex disability, national origin. religion, or family status.**
- **The educator shall not engage in physical mistreatment of a student.**
- **The educator shall not solicit or engage in sexual conduct or a romantic relationship with a student.**
- **The educator shall not furnish alcohol or illegal/unauthorized drugs to any student or knowingly allow any student to consume alcohol or illegal/unauthorized drugs in the presence of the educator.**

## **TOBACCO USAGE**

The use of any form of tobacco by a substitute teacher or substitute aide inside or on any district-owned property is strictly forbidden. Substitutes who violate this policy will be disciplined appropriately.

## **DRUG-FREE SCHOOLS & DRUG-FREE WORKPLACE**

PALESTINE ISD is committed to maintaining a drug-free environment and will not tolerate the use of illegal drugs in the workplace. Anyone who uses or are under the influence of alcohol or illegal drugs, as defined by the Texas Controlled Substance Act, during working hours may be dismissed. The following is a brief explanation of the PISD policy.

Employees shall not unlawfully manufacture, distribute, dispense, possess, use, or be under the influence of any of the following substances during working hours while at school or at a school related activity during or outside of usual working hours.

- Any controlled substance or dangerous drug as defined by law, including but not limited to, marijuana, any narcotic drug, hallucinogen, stimulant, depressant, amphetamine, or barbiturate.
- Alcohol or any alcoholic beverage.
- Any abusable glue, aerosol paint, or any other chemical substance for inhalation.
- Any other intoxicant, or mood-changing, mind-altering, or behavior-altering drug or herb.

## **COMPUTER USAGE**

### **PISD's Acceptable Use Policy**

Prohibits use of computers by any employee without a login!  
Under no circumstances should you log in under a student's or teacher's log in.

Generally, substitutes do not have access to the district's technology, with the exception of some long-term assignments. Using PISD technology for personal reasons may result in removal from the PISD Substitute System.

### **SOCIAL MEDIA, ETC.**

Today's teenagers have grown up with technology in a way no other generation has before them. Surrounded by laptops, internet friendly gadgets and the internet they have instant access to the local area and the world. Substitutes are to conduct themselves in a professional manner at all times, therefore eliminating the possibility of having their actions or behavior posted on a social media website or sent via Instagram, Instant Messaging, YouTube, Facebook, Twitter, or cell phone texting. Inappropriate or adverse pictures or information on a social network may result in removal from the District Substitute system.

## **CRIMINAL HISTORY/FINGERPRINT PROCESS**

**Palestine ISD will conduct background and criminal history checks in compliance with Senate Bill 9 prior to employment and reserves the right to randomly request criminal history reports throughout the employment period.**

**Title 19 of the Texas Administrative Code, §249.14 requires school district to notify the State Board of Educator Certification (SBEC) of any reported criminal history, which includes arrests, indictments, prosecutions, convictions or other dispositions by the criminal justice system.**

**Palestine ISD agents are not allowed to discuss any information obtained from a State name/date of birth search with anyone, including the person for whom the search was performed.**

**Palestine ISD agents are not allowed to discuss the results of information obtained through fingerprinting from the nationwide criminal history database with anyone who IS NOT approved by DPS to receive the information. PISD may disclose the results of the fingerprint information to the person for whom the fingerprint search was performed.**

**Once the substitute applicant has been fingerprinted PISD will be notified of any new information received in the database as long as the substitute is an active employee with PISD.**

**Any adverse notification from DPS and the FACT Clearinghouse may result in immediate removal from the substitute system.**

**The cost of the fingerprint process varies, based on the applicant's credentials however PISD will not pay any of the Fees associated with the process.**

**The Substitute Services office will upload the applicants information as soon as possible following the orientation meeting. Applicants will then be sent their FASTPASS, either by email or US mail, and are to follow the instructions at the top of the FASTPASS to schedule their fingerprints. Five to seven (5 to 7) days after the fingerprint process has been completed the substitute applicant is to schedule an appointment with the Substitute Services office to return the FASTPASS receipt and finalize the substitute employment process.**

**NOTE: Results from ANY Criminal History reports are not printed and therefore are not retained by the District. Substitutes who officially resign their position with the District will have their status changed in the FACT Clearinghouse to avoid any notification to the District.**

## **PISD Faculty Dress Code**

Dress has an effect on student's respect for a teacher, and respect is what a teacher must have if learning is to take place. Research reveals that the clothing worn by teachers affects the work, attitude and discipline of students. **Your respect begins with your appearance.**

### **Dress and Grooming for Ladies**

#### **Shirts, tops, blouses:**

- \*Must have sleeves and cover the shoulders
- \*Must be long enough to cover the midriff from being exposed when hands are raised in the air
- \*Must not be sheer so that undergarments are exposed
- \*Must not be a crew-neck or athletic type T-shirt. Knit tops are acceptable

#### **Dresses, skirts, skorts:**

- \*Must be below the knee in length

#### **Pants:**

- \*Must be below the knee in length
- \*Must not be excessively tight-fitting

#### **Shoes:**

Sandal type shoes are acceptable; however, thong type shoes are not acceptable

#### **Wind suits, Athletic wear:**

- \*Are not acceptable

#### **Jewelry:**

- \*Other than ear piercing jewelry, no other body piercing objects are acceptable

### **Dress and Grooming for Men**

#### **Shirts:**

- \*Must be tucked in and worn with a belt
- \*Must have sleeves
- \*Crew-neck or athletic type T-shirts are not acceptable. Collared shirts are acceptable

#### **Pants:**

- \*Are to be worn with a belt

#### **Shoes:**

- \*Sandals/thongs are not appropriate

#### **Wind suits, Athletic wear:**

- \*Are not acceptable

#### **Facial hair:**

- \*Must be neatly groomed



## PROFESSIONAL ETHICS

- A substitute shall be subject to all duties of a regular classroom teacher or assistant. The school exists for the students. The first obligation of the teacher and assistant is to the students.
- The substitute must maintain the confidentiality of all student records in accordance with FERPA (Family Educational Rights and Privacy Act).
- The substitute must **NEVER** make comments or statements that could be regarded as derogatory in any way, regardless the intent they were made. What you see as funny might be hurtful to others.
- The substitute must refrain from any comment or action that can be considered demeaning toward another race or culture. The substitute must be diligent and aware of the diversity of our students and staff at all times.
- The substitute will use extra caution in expressing personal opinions and reactions about any subject.
- The substitute is not to transport *any* student in a personal vehicle, other than their own child, to or from school or any school-related activity.
- Under no circumstances will a substitute criticize a teacher or a student in the presence of other teachers, assistants, parents, volunteers, or students.
- The substitute must avoid comparing one school with another or comparing the children on one campus with those on another campus.
- The substitute will be prompt and professional in making and keeping his/her agreement to work.
- **It is not appropriate for substitutes to provide students with personal information or receive personal information from students. This may result in removal from the substitute system.** This includes but is not limited to e-mail, web site, phone numbers, address, as well as personal materials such as photos and videos.

## **ACTIVE SUPERVISION - STUDENT DISCIPLINE**

Substitutes are responsible for the control of the classes, not disciplining students. The campus administrator and neighboring teachers will assist with problems out of the control of the substitute. It is **normal** for students to "test" the substitute however do not let students get out of control. The students and the district expect you to be in charge of the room. A few techniques for classroom discipline include, but are not limited to, the following:

- ✓ **ARRIVAL** – BE ON TIME and allow yourself the opportunity to be acquainted with the school's procedures, the teacher's lesson plans, the room layout, etc.
- ✓ **FOCUS** – Be sure you have the attention of everyone in the room before you begin the lesson.
- ✓ **DIRECT INSTRUCTION** – Begin each class by telling the students exactly what will be occurring during their class time.
- ✓ **ROUTINE** – Present the material the teacher asked you to cover. If you are unsure of the directions of the teacher, ask another teacher. Your job is to deliver the teachers' instructions to the student.
- ✓ **MONITOR** – **Stand and do not sit.** You cannot circulate the room if you are sitting.
- ✓ **MODEL** – Values and behaviors are caught, not taught.
- ✓ **NON-VERBAL CUING** – Facial expressions, body posture, hand placement often says more than words.
- ✓ **ENVIRONMENTAL CONTROL** – Do not let the classroom be too cold or too warm for the students.
- ✓ **LOW-PROFILE INTERVENTION** – Students are most often sent to the office due to a confrontational escalation. Do not argue or try to get louder than the student. **KEEP YOUR COOL** at all times and behave as an adult.
- ✓ **I-MESSAGES** – "I need you to...", "I want you to...", "I expect you to..."
- ✓ **FOLLOW THE RULES** – Just as you are not a "baby sitter" you are also not the permanent teacher. Follow the classroom rules set by the teacher and/or campus. **DO NOT** deviate from those rules, even in the event you do not agree. That is not your call.
- ✓ **BE PREPARED** – Have a back-up plan in the event the students complete their assignment early.
- ✓ **DO NOT** – make promises regarding discipline. You cannot know how the discipline will be handled by the teacher or the principal.
- ✓ **DO NOT** – offer private transportation or provide private transportation for any reason.
- ✓ **NEVER, NEVER, NEVER touch a child. You are to have a HANDS OFF approach at all times.**

**PALESTINE INDEPENDENT SCHOOL DISTRICT**

**Affadavit of completion of Substitute Orientation**

Date \_\_\_\_\_

I, \_\_\_\_\_, have reviewed the Substitute Handbook and agree to abide by the guidelines included and prescribed In the Handbook as I serve as a substitute during the 2020-2021 school year.

Additionally, I have completed and submitted the required forms pertaining to insurance coverage.

\_\_\_\_\_

Printed name

\_\_\_\_\_

Signature

## **Affordable Care Act Notice Acknowledgment**

Attached you will find the Notice to Employees: Requirements of the Affordable Care Act. Please detach the Notice and keep it for your information.

By signing this form below, you are acknowledging that you have received the Notice to Employees regarding the Affordable Care Act.

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**Name**

---

**Signature**

---

**Date**

## Palestine ISD

### Notice to Employees: Requirements of the Affordable Care Act

As of January 1, 2014, the Affordable Care Act (ACA) requires you to have health insurance for yourself and your dependents. Some people are exempt from this requirement. To learn how to apply for an exemption see *Questions and Answers on the Individual Shared Responsibility Provision*, [www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision](http://www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision). If you do not have health insurance and you are not exempt, you may be subject to a penalty (see [www.healthcare.gov/what-if-someone-doesnt-have-health-coverage-in-2014](http://www.healthcare.gov/what-if-someone-doesnt-have-health-coverage-in-2014)).

Enrollment in TRS-ActiveCare satisfies the requirement to have health insurance. The TRS-ActiveCare Enrollment Guide explains who is eligible to enroll in ActiveCare. Enrollment in another plan, such as through a spouse, parent, or association, also satisfies the requirement to have health insurance if the plan provides minimum essential coverage

As an alternative to ActiveCare or another health insurance program, you may enroll in insurance through the Health Insurance Marketplace. In Texas, the Marketplace is a federal government program that will offer "one stop shopping" to find and compare private health insurance options. Most individuals are eligible to enroll in insurance through the Marketplace. For information on the Marketplace, see [www.healthcare.gov](http://www.healthcare.gov).

You may be eligible for a premium tax credit or other assistance toward insurance obtained through the Marketplace, depending on your household income. More information on the premium tax credit and other cost sharing provisions is available at [www.healthcare.gov](http://www.healthcare.gov). Please note that the district will not contribute to premium costs if you enroll in insurance through the Marketplace. Also, you will lose the benefit of paying the premium with pre-tax income if you purchase insurance through the Marketplace.

You are encouraged to enroll in ActiveCare during open enrollment, if you are eligible. You will not be able to enroll in ActiveCare in January 2019 to avoid the ACA penalty unless you experience a special enrollment event. If you enroll in August 2018, the district's section 125 plan (cafeteria plan) does permit you to drop insurance before the end of the plan year.

**Additional information.** If you have questions or concerns about the health insurance offered through the district, please contact: Gemma Funai, Payroll Clerk and Benefits, by phone at 903-731-8048 or by email at [gfunai@palestineschools.org](mailto:gfunai@palestineschools.org). Questions about the Marketplace and how the Affordable Care Act impacts you as an individual should be addressed to [www.healthcare.gov](http://www.healthcare.gov) or your personal attorney.

## Basic Information About Health Care Offered By The District

If you decide to shop for coverage in the Marketplace, below is the employer information you will enter at HealthCare.gov to find out if you are eligible for a premium tax credit.

This information is numbered to correspond to the Marketplace application.

3. Employer name Palestine ISD		4. Employer Identification Number (EIN) 75-6002185	
5. Employer Address 1007 E. Park Avenue		6. Employer phone number 903-731-8000	
7. City Palestine	8. State Texas	9. Zip code 75801	
10. Who can we contact about employee health coverage at this job?  Gemma Funai, Payroll Clerk and Benefits			
11. Phone number (if different from above) 903-731-8048		12. Email address gfunai@palestineschools.org	

The district offers health coverage through TRS-ActiveCare to all eligible employees and their eligible dependents. Eligibility is described in the ActiveCare Enrollment Guide. The coverage offered by ActiveCare meets the minimum value standard and the cost of this coverage to you is intended to be affordable.



Enrollment Application and Change Form



**ELIGIBLE** Are you an active employee and making monthly contributions to TRS?  Yes  No  
 (Do you regularly spend at least 10 or more hours per week?)  Yes  No  
 (Are you currently on Medicare eligible for TRS ActiveCare coverage?)

**SECTION 1: ENROLLMENT/CHANGE TRANSACTION TYPE**

Annual Enrollment  New Employee  Add Dependent  Special Enrollment

For New Employee (check one):  Effective on Actively at Work  Effective 1<sup>st</sup> day of month following

Special Enrollment Event Date: \_\_\_/\_\_\_/\_\_\_  Marriage  Court Order  Birth/Adoption  
 Loss of Coverage  Other: \_\_\_\_\_

Change Only:  Name  Address  Plan/Coverage

Decline Coverage:  Yes (Complete Section 6)  N/A  
 Effective Date of Change/Cancel: \_\_\_/\_\_\_/\_\_\_

Cancel Employee:  Death  Loss of Eligibility  Retirement/Terminated  Non-Payment  Other: \_\_\_\_\_

Cancel Dependent:  Divorce  Death  Loss of Eligibility  Dropped Coverage  Other: \_\_\_\_\_

For District Use Only  
 TRS District # \_\_\_\_\_  
 Actively at Work Date: \_\_\_\_\_  
 Effective/Change Date: \_\_\_\_\_  
 Employer Approval: \_\_\_\_\_  
 Were you covered by another district?  Yes  No  
 If so, which: \_\_\_\_\_

**SECTION 2: EMPLOYEE INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex:  M  F Language:  English  Spanish Ethnicity: \_\_\_\_\_  
 Do you have a disability affecting your ability to communicate or read?  Yes (Please complete Section 8)  No  
 Is the Employee Covered By Other insurance?  Yes Carrier/Plan: \_\_\_\_\_  No  
 Is the Employee Covered by Medicare?  Yes  Part A  Part B  Part C  Part D Effective: \_\_\_\_\_  No  
 Reason for Medicare Coverage:  Entitlement Age  Disability  End Stage Renal Disease (ESRD)

**SECTION 3: COVERAGE SELECTION (Please select a Plan of Coverage – Plan or HMO - and Coverage Type)**

Plan Selection:  ActiveCare 1-HD  ActiveCare Select  ActiveCare 2  
 HMO Selection:  FirstCare Health Plans  Scott & White Health Plan  Allegian Health Plans (formerly Valley Baptist Health Plans)  
 Coverage Type Selected:  Employee Only  Employee + Spouse  Employee + Child(ren)  Employee + Family

**SECTION 4: DEPENDENT INFORMATION (Use additional form for additional dependents)**

**SPOUSE** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  Same as Employee  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Sex:  M  F Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Other Insurance:  Yes Carrier/Plan  No  Medicare:  Part A  Part B  Part C  Part D

**CHILD** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Natural/Adopted  Stepchild  Foster Child  Grandchild  Legal Guardian  Disabled  Other  
 Street Address: \_\_\_\_\_  Same as Employee  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Sex:  M  F  
 Other Insurance:  Yes Carrier/Plan  No  Medicare:  Part A  Part B  Part C  Part D

**CHILD** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Natural/Adopted  Stepchild  Foster Child  Grandchild  Legal Guardian  Disabled  Other  
 Street Address: \_\_\_\_\_  Same as Employee  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Sex:  M  F  
 Other Insurance:  Yes Carrier/Plan  No  Medicare:  Part A  Part B  Part C  Part D

PLEASE CONTINUE ON NEXT PAGE

CHILD Last Name:		First Name:			MI:	
<input type="checkbox"/> Natural/Adopted		<input type="checkbox"/> Stepchild	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Disabled <input type="checkbox"/> Other
Street Address:						<input type="checkbox"/> Same as Employee
City:		State:	Zip Code:	Phone Number:		
Date of Birth:		Social Security #			Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Other Insurance: <input type="checkbox"/> Yes. Carrier/Plan		<input type="checkbox"/> No	<input type="checkbox"/> Medicare: <input type="checkbox"/> Part A	<input type="checkbox"/> Part B	<input type="checkbox"/> Part C	<input type="checkbox"/> Part D
CHILD Last Name:		First Name:			MI:	
<input type="checkbox"/> Natural/Adopted		<input type="checkbox"/> Stepchild	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Disabled <input type="checkbox"/> Other
Street Address:						<input type="checkbox"/> Same as Employee
City:		State:	Zip Code:	Phone Number:		
Date of Birth:		Social Security #:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F:	
Other Insurance: <input type="checkbox"/> Yes. Carrier/Plan		<input type="checkbox"/> No	<input type="checkbox"/> Medicare: <input type="checkbox"/> Part A	<input type="checkbox"/> Part B	<input type="checkbox"/> Part C	<input type="checkbox"/> Part D
<b>SECTION 5: DISABLED DEPENDENTS OVER AGE 25</b> <input type="checkbox"/> Request for Continuation of Coverage for Handicapped Child form and Attending Physician's Statement						
Please note that a Request for Continuation of Coverage for Handicapped Child form and Attending Physician's Statement are required for coverage of a disabled child over age 25. See your Benefits Administrator for the forms, which must be completed in full and submitted to your Benefits Administrator.						
<b>SECTION 6: DECLINATION OF COVERAGE</b>						
I hereby certify that the available coverage has been explained to me. I have been given the opportunity to apply for the coverage available to me and my dependents and have voluntarily elected to decline the coverage as elected below.						
Name:	SSN:	<input type="checkbox"/> Employee	Reason:	<input type="checkbox"/> Other Coverage	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Spouse	Reason:	<input type="checkbox"/> Other Coverage	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Child	Reason:	<input type="checkbox"/> Other Coverage	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Child	Reason:	<input type="checkbox"/> Other Coverage	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Child	Reason:	<input type="checkbox"/> Other Coverage	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Child	Reason:	<input type="checkbox"/> Other Coverage	<input type="checkbox"/> Other:	
<b>SECTION 7: COVERAGE CONDITIONS</b>						
<ul style="list-style-type: none"> <li>I am employed by the Employer named in this Enrollment Application and Change Form. I am eligible to participate in the coverage(s) offered by the TRS ActiveCare program which is administered by Aetna, with HMO benefits provided by SHA, L.L.C. dba FirstCare Health Plan, Scott and White Health Plan, and Allegian Insurance Company dba Allegian Health Plans. On behalf of myself and any dependents listed on their Enrollment Application and Change Form, I apply for those coverage(s) for which I am eligible. <ul style="list-style-type: none"> <li>If I am enrolling a grandchild in Section 4, I certify that my household is the grandchild's primary residence and the grandchild is my dependent for federal income tax purposes for the reporting year in which coverage of the grandchild is in effect.</li> <li>If I am enrolling a child as an "other Child" in Section 4, I certify that my household is the child's primary residence, that I provide at least 50% of the child support, that neither of the children's natural parents reside in my household, and that I have the legal right to make decisions regarding the child's medical care.</li> </ul> </li> <li>Only those coverage(s) and amount for which I am eligible will be available to me. I understand that if this Enrollment Application and Change Form is accepted, the coverage(s) will become effective in accordance with the provisions of the TRS-ActiveCare program.</li> <li>I understand that by enrolling for coverage with Employer named in the Enrollment Application and Change Form that any TRS-ActiveCare coverage I previously elected under another TRS-ActiveCare participating district/entity will be terminated under TRS Rules.</li> <li>I authorize necessary payroll deduction by my Employer, if any, to cover the cost of my coverage(s). I agree that my Employer acts as my agent. All notices given to my Employer are binding upon me. I also agree that my participation in the coverage(s) is subject to any future amendments.</li> <li>I understand that by declining TRS-ActiveCare coverage now or by terminating TRS-ActiveCare coverage during the plan year, I am not eligible to re-enroll in TRS-ActiveCare until the next plan year, unless I experience a special enrollment event.</li> <li>I state that the information given on the Enrollment Application and Change Form is true and correct. I understand and agree that any incorrect statements material to the risk and knowingly made by me will invalidate my coverage(s).</li> </ul>						

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 8: SPECIAL NOTES REGARDING MY ENROLLMENT** (Please Indicate any special information regarding my enrollment for Aetna, Caremark or my selected HMO)



## **SUBSTITUTE ELIGIBILITY FOR HEALTH INSURANCE COVERAGE FOR 2020-21 SCHOOL YEAR**

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Palestine ISD provides health coverage to employees through TRS-ActiveCare. A district substitute is eligible to enroll in TRS-ActiveCare if the district reasonably expects the substitute to work at least 10 hours per week. Hours worked for other school districts are not considered in determining whether a substitute is eligible for benefits through Palestine ISD.

Although the district reasonably expects substitutes to work at least 10 hours per week, the district does not guarantee that you will receive 10 hours every week. The district's need for substitutes varies from week to week. In some weeks, you may not receive any assignments. Similarly, the district understands that some weeks you may not be able to accept assignments due to illness or other personal reasons.

If you are a new substitute, you must enroll in or decline medical coverage within 31 days from date of hire. If you are a returning substitute, you must enroll in or decline medical coverage during the annual open enrollment. If you decline coverage, you cannot enroll again until the next plan year unless you experience a special enrollment event.

If you elect to enroll, you will be responsible for the full premium. You must submit payment for one calendar month with your enrollment form. The premiums for subsequent months will be deducted from your pay for the preceding month. If your pay is not sufficient to cover the full premium, you must submit the difference to the district by the 10<sup>th</sup> day of the preceding month. If the 10<sup>th</sup> day falls on a weekend or a day the district is closed, the payment must be made the preceding business day. If you fail to timely pay the monthly premiums, the district will proceed with the coverage cancellation process. Your coverage may also be cancelled if you lose eligibility for TRS-ActiveCare.

You may be removed from the district's substitute roster for poor performance or misconduct. In addition, you may be removed from the substitute roster if:

- you repeatedly turn down assignments, are repeatedly unavailable for calls, or frequently cancel assigned positions
- you do not accept at least 10 assignments per year
- you do not timely return a letter of reasonable assurance

A substitute who is enrolled in TRS-Active Care and who is then removed from the substitute roster becomes ineligible for health coverage and will be provided notice regarding continuation coverage under COBRA (if eligible). Cancellation due to non-payment is considered a voluntary drop: Therefore you would not be eligible for COBRA.

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Name

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Signature

Date



**Palestine Independent School District**  
**1007 E. Park Avenue, Palestine, Texas 75801**  
**2020-2021 School Year**

Date: \_\_\_\_\_  
Subject: Letter of Reasonable Assurance  
Campus: \_\_\_\_\_

This letter provides notice of reasonable assurance of continued employment with the district when each school term resumes after a school break. By virtue of this notice, please understand that you may not be eligible for unemployment compensation benefits drawn on school district wages during any scheduled school breaks including, but not limited to, the summer, Christmas, and spring breaks. This assurance is contingent on continued school operations and will not apply in the event of any disruption that is beyond the control of the district (e.g., lack of school funding, natural disasters, court orders, public insurrections, war, etc.).

Nothing contained herein constitutes an employment contract. Your continued employment is on an at-will basis. At-will employers may terminate employees at any time for any reason or for no reason, except for legally impermissible reasons. At-will employees are free to resign at any time for any reason or for no reason.

Your services on behalf of the children of the district are appreciated, and we hope that you will be able to continue your association with the district.

Sincerely,



Assistant Superintendent

Please complete the following information and return the original form to the Personnel Office. **Failure to sign and return this completed form will be viewed as a resignation.**

I would like to renew my status as a (~~regular~~ substitute) employee:

Please check one:

Substitute Teacher       Paraprofessional       Other \_\_\_\_\_

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address, City, State and Phone Number