



For All New Teachers or Professional Employees

All new employees are required to meet with Human Resources regarding employment documents prior to your hire date.

Please complete this new hire packet and bring to your scheduled Orientation meeting. If you have not yet been contacted by HR to schedule your meeting, please contact your Records Officer (see below).

Please bring the following documents to your New Hire Meeting:

- Social Security Card (for Payroll purposes.** A copy must be made by HR of the original card
- Form I-9 Employment Eligibility Verification** See the included list of acceptable documents
- Official transcripts of all college course work**
 - Faxes or copies are not acceptable
 - Official transcript must be received by HR in a sealed envelope
 - An Official Transcript verifying a Master's or Doctorate Degree is required in order to receive the \$1,000 Master's stipend or the \$500 Doctorate Stipend.
- Original service records** for previous education experience are required for salary credit to be given
 - For Texas experience, request your **original service records** from your previous district. HR will not accept a fax or a copy of the service record.
 - For experience outside of Texas in a public school, a private school or a College or University, a TEA Service Record form and an Accreditation Status form are required. These forms are available on the TISD website under "**Employees**" then "**Newly Hired Employees**". Mail these two forms to your previous out of state district(s) and request that the original be returned to the attention of your records officer in Human Resources.
- For all teacher assignments, if you have previous teaching experience and met the Federal NCLB** "Highly Qualified" requirement through "**HOUSE**" with your previous district, you must request verification from your previous district.
- Verification of PDAS training** If you completed the PDAS New Teacher Training with another district, please provided a completion certificate from that district.
 - If you are unable to provide a completion certificate, you will be expected to retake the training with TISD within **2 weeks** of your beginning date of employment.
 - If you have not previously completed this training, you will be expected to complete the training within **2 weeks** of your beginning date of employment with Tyler ISD.

For questions regarding your documents contact your Record Officer

Last name A-K	Cindy Bright, cindy.bright@tylerisd.org	903-262-1072
Last name L-Z	Martha Miller, martha.miller@tylerisd.org	903-262-1074

FAILURE TO ATTEND YOUR SCHEDULED NEW HIRE MEETING, AND/OR COMPLETE ALL PAYROLL AND INSURANCE FORMS, WILL AFFECT THE RECEIPT OF YOUR FIRST PAYCHECK!



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

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

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

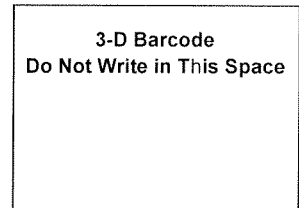
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field.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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



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

Foreign Passport Number: _____

Country of Issuance: _____

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

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
			Records & Certification Officer	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
			Tyler ISD	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
P. O. Box 2035		Tyler	TX	75701

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

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

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

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2015)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H _____	H _____

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

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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2015	
1 Your first name and middle initial			Last name		
2 Your social security number			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>Note.</i> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
Home address (number and street or rural route)			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"/>		
City or town, state, and ZIP code			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 _____ 6 \$ _____		
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption.			<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #cccccc;"></div>		
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 _____					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶			Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” 3 \$ _____
- 4 Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2015 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,000 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

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

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

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

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

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

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

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

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

**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

TISD PAYROLL DIRECT DEPOSIT AGREEMENT

In order for you to participate in the Direct Deposit Payroll Program, you must sign the authorization agreement, attach a voided check, and return to the Payroll Department. ALL INFORMATION MUST BE PROVIDED FOR PROCESSING.

TISD does not print paystubs for direct deposit. You can print a copy of your paystub from the Employee Service Center at <http://www.tylerisd.org>.

Instructions:

1. Attach a voided check, copy of a check, or spec sheet for each account. Indicate whether it is a checking or saving account. (No deposit slips)
2. Complete and Sign the form
3. Return form to the Payroll Department

I hereby authorize Tyler Independent School District, (TISD), to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my account (s):

This agreement is to remain effective until TISD has received written notification from me of its termination in such time and manner as to afford TISD and DEPOSITORY a reasonable opportunity to act on it.

Employee Name: _____

Social Security Number: _____ or Employee ID #: _____

Signature: _____ Date: _____

Primary Account: Checking _____ Savings _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Secondary Account: Checking _____ Savings _____ Amount: _____ or _____ % of Net

Bank Name: _____

Routing Number: _____

Account Number: _____

Secondary Account: Checking _____ Savings _____ Amount: _____ or _____ % of Net

Bank Name: _____

Routing Number: _____

Account Number: _____

TISD OFFICIAL USE ONLY

PRE-NOTE: _____
initials/date

DIRECT: _____
pay date

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

Employee Name	_____	Social Security #	_____
Employer Name	Tyler ISD	Employer ID#	75-6002675

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

Windfall Elimination Provision

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

Government Pension Offset Provision

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

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

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. 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, surviving 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/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.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.

T.I.S.D. INFORMATION
Employee.....Please read this entire page

Printed Name of Employee

Social Security Number

Complete if applicable:
Yrs of previous exper w/ a school district _____ Last district employed _____ Highest Degree _____

Employee Information:

Home Address

Street Address City Zip Code

Mailing Address (if different than above address)

Street Address City Zip Code

Telephone # _____
Home Cell

TISD has a Telephone Alert System. If there is information that must be given to employees, the system will call your home # unless you specify here that you want it to call your cell #. _____.

Insurance Information

I understand that I am responsible for enrolling for Insurance Benefits with the Insurance Department (262-1082). I am responsible for completing the insurance forms with Kacey Brock, Benefit Support Specialist, as soon as possible following my hire date. **The following forms must be completed in order to receive my first paycheck whether or not I want the district health benefits:**

- HealthFirst Enrollment Form – accepting or declining
- Online forms for supplemental benefits can be found at www.mybenefitshub.com/tylerisd

I further understand that there is open enrollment for the major medical health insurance. If I do not contact the insurance department within the first 30 days of my employment, I will not be eligible for insurance or additional benefits except during Special Enrollment Periods as defined by HIPAA and State Reform and **receipt of my first paycheck will be delayed.**

Employee Handbook

I acknowledge notification of the online TISD Employee Handbook. I agree to read the handbook and abide by the standards, policies, and procedures defined or referenced in this document. I understand that this handbook is a general guide and that the provisions of this handbook do not constitute an employment agreement (contract) or a guarantee of continued employment. The information in this handbook is subject to change at any time as situations warrant, and I understand that changes in district policies may supersede, modify, or eliminate the policies summarized in this book. I accept responsibility for reading and abiding by the changes. I understand that no modifications to contractual relationships or alterations of at-will relationships are intended by this handbook. I understand that I have an obligation to inform my supervisor or department head of any changes in personal information, such as phone numbers, address, etc. I also accept responsibility for contacting my supervisor or Human Resources if I have any questions or concerns and need further explanation.

Please take note of the following information contained in the Employee Handbook:

Reporting Absences/Substitutes	DGBA(Local)Employee Complaint/Grievance Policy
Sick Leave Information	DH(Local)Employee Standard of Conduct
	DI(E)(Local)Drug-Free Workplace Requirements

PDAS Manual (for Teachers only)

I acknowledge receipt of my PDAS Information Manual (check)

Signature of Employee

Date



PUBLIC ACCESS OPTION FORM
Texas Government Code Section 552.024

 Employee name (print)

 Location

 Employee TISD ID #

The public Information Act allows employees, and former employees, to elect whether to keep certain information about themselves confidential.

Using the Employee Service Center (<https://teams.tylerisd.org/employees>), the district allows each employee to denote certain personal information as “Private.” For example, addresses, phone numbers and e-mail address. Your recorded choices will control the dissemination for mass electronic public information requests.

However, per state law individual requests for your information require a paper signature be on file with your privacy choices. If any such request for your information is issued, we will check for this paper form to comply with your privacy requests.

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.

Please mark your choice of public access below, sign and date the form and give it to your Record/Certification Officer. **Do not enter your address and telephone numbers below.**

	Public Access No	Public Access Yes
Home Address		
Home Phone		
Cell Phone		

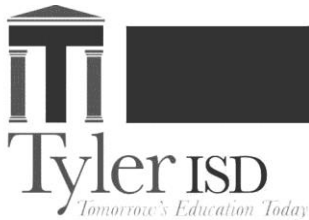
You may only choose “No” access for your cell phone if you are **not** receiving a district phone stipend.

The following information is protected by Tyler ISD. “No Public Access” has been checked, which will ensure this information remains private.

	No	Yes
Social Security # -----	√	
Family Member Information -----	√	

 Signature

 Date



Sick Leave Bank

All ten, eleven and twelve-month permanent employees who work a minimum of 15 hours per week may join the sick bank by donating three local sick leave days and completing a membership application. All personnel are required to be employed 30 calendar days prior to being eligible for membership. The enrollment period for current employees and new employees hired prior to the opening of the school year shall be July 1 through September 30. All new personnel employed after the July 1 – Sept 30 enrollment period must be able to earn at least three days of local sick leave during the current school year to be eligible for membership. Such employees are required to join within 30 days after becoming eligible. The three days donated become the property of the TISD Sick Bank. After exhausting all accumulated leave including but not limited to state personal/state/local sick leave days for an unexpected extended illness, surgery, or injury, an eligible member may apply for up to thirty days from the bank. The Sick Leave Bank does not cover normal pregnancy or conditions known to exist or which were diagnosed on the employee on or before the date of joining the sick leave bank. Please contact the Human Resources Department for membership applications and the Sick Leave Bank Guidelines.

Sick Leave Pool

A Sick Pool may be established from voluntary donations to assist a specific fellow employee who has been employed in the district one year and is suffering from an unexpected extended illness, surgery, injury, or other accepted medical reason and has used all other leave, including but not limited to state personal/state/local sick leave. The sick pool does not cover normal pregnancy. When an employee wants to start a pool, he/she should contact the office of the Chief Human Resource Officer. After the need is verified, the district staff will be notified of the establishment of the pool. Once the pool is started, employees may contribute from one to three local sick leave days per person. A maximum of 30 days may be contributed to a sick leave pool.

(See policy DEC-Local for complete details.)

If you have any questions, contact Artimese Lawrence in Human Resources
artimese.lawrence@tylerisd.org
903-262-1070

FOR TEACHERS ONLY

NAME _____ **SS#** _____
CAMPUS _____

JOB TITLE: Classroom Teacher **WAGE/HOUR STATUS:** Exempt

REPORTS TO: Building Principal

=====

PRIMARY PURPOSE:

Provide students with appropriate learning activities and experiences designed to help them fulfill their potential for intellectual, emotional, physical and social growth. Enable students to develop competencies and skills to function successfully in society.

QUALIFICATIONS:

Education/Certification:

Bachelor's degree from accredited university
Valid Texas Teaching certificate, with required endorsements for subject/level assigned

Special Knowledge/Skills:

Knowledge of subjects assigned
General knowledge of curriculum and instruction
Ability to instruct students and manage their behavior.
Strong organizational, communication and interpersonal skills.

Experience:

Student teaching or approved internship, preferred

Bachelor or Master's Teacher Pay Scale - 187 DAYS

MAJOR RESPONSIBILITIES AND DUTIES:

- | | |
|--------------------------|---|
| Instructional Strategies | <ol style="list-style-type: none">1. Develop and implement plans that fulfill the requirements of the district's curriculum program assigned and show written evidence of preparation as required.2. Prepare lessons that reflect accommodations for differences in learning styles in students.3. Present the subject matter according to guidelines established by Texas Education Agency, board policies, and administrative regulations.4. Plan and use appropriate instructional and learning strategies, activities, materials, and equipment that reflect understanding of the learning styles and needs of students assigned.5. Conduct assessment of student learning styles and use results to plan instructional activities.6. Work cooperatively with special education teachers to modify curricula as needed for special education students according to guidelines established in Individual Education Plans (IEP).7. Work with other members of the staff to determine instructional goals, objectives, and methods in accordance with district requirements.8. Plan and supervise purposeful assignments for teacher aide(s) and/or volunteer(s).9. Employ the use of technologies in the teaching/learning process. |
| Student | <ol style="list-style-type: none">10. Help students analyze and improve study methods and habits. |

- Growth and Development 11. Assess the accomplishments of students on a regular basis and provide progress reports as required.
- 12. Assume responsibility for extracurricular activities as assigned. Sponsor outside activities approved by the school.
- 13. Be a positive role model for students, support the mission of the school district.

Administrative/Professional Job Description

- Classroom Management & Organization 14. Create a classroom environment conducive to learning and appropriate to the physical, social, and emotional development of students.
- 15. Manage student behavior in accordance with Student Code of Conduct and student handbook.
- 16. Take all necessary and reasonable precautions to protect students, equipment, materials, and facilities.
- 17. Assist in the selection of books, equipment, and other instructional materials.
- Communication 18. Establish and maintain open lines of communication by conducting conferences with students, parents, principals and teachers.
- 19. Maintain a professional relationship with all colleagues, students, parents, and community members.
- 20. Use effective communication skills to present information accurately and clearly.
- 21. Participate in staff development activities to improve job related skills.
- 22. Keep informed of and comply with state, district, and school regulations and policies for classroom teachers.
- 23. Compile, maintain, and file all reports, records, and other documents required.
- 24. Attend and participate in faculty meetings and serve on staff committees as required.

SUPERVISORY RESPONSIBILITIES:

- Supervise assigned teacher aide(s).
- Serve as mentor for student teachers.

WORKING CONDITION:

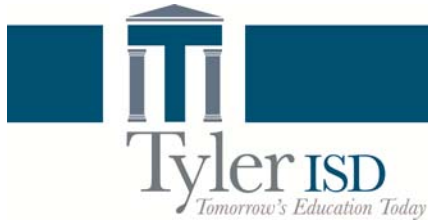
Mental Demands/Physical Demands/Environmental Factors:

Maintain emotional control under stress. Frequent standing, stooping, bending, pulling and pushing. Move small stacks of textbooks, media equipment, desks, and other classroom equipment.

=====

The foregoing statements describe the general purpose and responsibilities assigned to this job and are not an exhaustive list of all responsibilities, duties, and skills that may be required.

EMPLOYEE'S SIGNATURE _____ Date: _____



Charlotte Tharp
Facilitator of Professional Development

Professional Development Requirements

Tyler Independent School District believes that comprehensive, on-going professional development is central to school improvement and student success. To that end, Tyler ISD professional development promotes continuous professional growth in a supportive environment by enhancing the knowledge and skills of all staff, with the expectation that doing so will also raise the levels of student performance.

Eduphoria Workshop is an on-line comprehensive management program for Professional Development in Tyler ISD. Training on the use of the Eduphoria program will be made available to you at the beginning of the school year as a part of the new teacher induction process.

Access to the system requires an employee email address and password which will be given during the week of New Teacher Induction.

Transfer of Eduphoria Portfolios from a previous district is allowable. Request the electronic portfolio file from the previous district to be sent to Charlotte.Tharp@TylerISD.org.

Documentation of in-district training is maintained within the Eduphoria system. A personal signature of attendance at every staff development session is required for credit to be awarded. Failure to sign in forfeits attendance credit.

Request for out-of-district training credit must be pre-approved by a campus administrator and a request for out of district credit submitted from the staff members' portfolio in Eduphoria Workshop.

The Professional Development Employee Standards, Guidelines and Requirements document can be accessed on the District Professional Development [Webpage](#) and will be provided during New Teacher Induction. The following four pages from the guidelines are included for additional information.

Professional Development Requirements

DISTRICT REQUIREMENTS:

All employees shall be required to participate in training during a five-year period in core areas related to their positions. The professional development calendar year shall be defined as the first day after the close of the school year through the last day of the following school year.

Professional Staff 5 Year Requirement

All professional staff including both instructional and administrative professionals must obtain a minimum of 200 professional development credit hours from the specified professional learning strands. Instructional Professional includes all classroom teachers, school librarians, counselors, instructional coaches, facilitators, instructional/media technology specialists; and any other position which has direct instructional delivery responsibilities as determined by the District. Professional Staff completing training requirements prior to the end of the 5 year cycle must continue to attend all campus or District professional development days.

Non-Contract 18 Hour Requirement

Instructional Professionals shall complete a minimum of 18 hours of professional development each year during non-contract time which may include evenings, weekends, and days during the summer. The Individual Professional Development Plan documents non-contract hours. This document will be submitted to the campus administrator at the time of the summative evaluation or in the fall if newly hired. A copy of the Individual Professional Development Plan for Professional Instructional Staff is included in the Appendix of this document.

(See Appendix A)

Employee Definitions:

INSTRUCTIONAL PROFESSIONAL

The term Instructional Professional shall include all classroom teachers, school librarians, counselors, instructional coaches, facilitators, instructional technology/media technology specialists, and any other position which has direct instructional delivery responsibilities as determined by the District.

ADMINISTRATIVE PROFESSIONAL

The term administrative professional shall include instructional personnel such as principals and assistant principals, along with non-instructional personnel including central office administrators paid on the administrative or professional pay scale.

SUPPORT SERVICES PERSONNEL

Support services personnel shall include all paraprofessionals, including classroom aides and clerical staff, and employees involved in graphics, transportation, facilities, cafeteria work, or any other trade.

Professional 5 Year Professional Development Requirement

Description: Each Instructional and Administrative Professional must obtain a minimum of 200 professional development credit hours from the specified learning strands within 5 years of their initial hire date. This is a requirement for all classroom teachers, school librarians, counselors, instructional coaches, facilitators, instructional technology/media specialists, principals, assistant principals, non-instructional personnel including central office administrators paid on the administrative or professional pay scale.

Instructional Professional Learning Strands (200 Credit Hours)

- a. Curriculum/Instruction – 100 credits minimum
- b. Special Populations – 20 credits minimum
- c. Technology – 50 credits minimum
- d. Human Relations – 14 credits minimum
- e. Legal Issues – 10 credits minimum

Administrative Professional Learning Strands (200 Credit Hours)

- a. Leadership – 30 credits minimum
- b. Human Relations – 14 credits minimum
- c. Legal Issues – 12 credits minimum
- d. Additional Credits:
 - a. Non-Instructional
 - i. Support Services (Job Related)
 - ii. Management & Organization
 - iii. Technology
 - b. Instructional
 - i. Special Populations
 - ii. Technology
 - iii. Support Services (Job Related Skills)
 - iv. Curriculum & Instruction

Additional credits to make a total of 200 credits shall be taken in any of the areas necessary for the job of the administrator.

Approved Options:

- Campus-based Professional Development Days
- District-Wide Professional Development Days
- Professional Learning Communities Planning
- Approved Out-of-District Conferences
- Approved Region ESC Workshops
- Approved On-Line Courses
- Sessions beginning at 4:30 on a workday

Non-Approved Options:

- Regular class preparation during planning time
- Business, staff, department or team meetings
- Faculty Housekeeping and or operational meetings

Completion Requirements:

200 credit hours must be completed within five years of the initial hire date.

Lifetime Certificates go by hire date if employed after 2003, and follow district dates for the 5 year cycle (2008, 2013, etc.) if hired prior to 2003.

Instructional Professional Non-Contract 18 Hours Requirement

Description: Instructional Professionals must obtain a minimum of 18 hours of non-contract professional development each school year as a part of the 200 credit hour requirement. This is a requirement for all classroom teachers, school librarians, counselors, instructional coaches, facilitators, instructional technology/media specialists and any other position which has direct instructional delivery responsibilities as determined by the District.

Completion Requirements:

18 non-contract hours must be completed each year by the last day of school year. Failure to complete the minimum 18 non-contract hours each year will be reflected in the PDAS Domain VI: Professional Development and/or Domain VII: Compliance with Policies, Operating Procedures and Requirements of the PDAS appraisal.

Restrictions:

- Sick, personal, or vacation days cannot be used to attend professional development for non-contract credit and cannot be used in lieu of professional development days.
- Employees may not receive non-contract credit for participant in professional development activities on any District scheduled contract workday.
- No non-contract professional development credit will count that is attached to compensation or a stipend is given for participating.

Approved Options:

- Summer or Saturday Courses
- Sessions beginning at 4:30 PM on a scheduled workday
- Approved Out-Of-District Conferences
- Approved eCourses/On-Line Learning Modules
- Approved Region ESC Courses
- Approved University Credit
- New Teacher Induction

Non Approved Options:

- Courses where compensation/stipend is provided
- Campus Based Professional Development Days
- District-Wide Professional Development Days

Support Services and Manual Trades 5 Year Staff Development Requirement	
<p>Description: Over a five year period, Support Services and Manual Trades employees will obtain 100 credits or 50 credits of training for their respective job category from the specified learning strands. Support services personnel includes all paraprofessionals, including classroom aides and clerical staff, along with employees involved in graphics, transportation, facilities, cafeteria work, or any other trade. Credits acquired may be a combination of contract and non-contract time.</p>	
<p>Support Services Learning Strands (100 credits required)</p> <ol style="list-style-type: none"> Support Services Job Related Skills (42 Credits Minimum) Health, Safety, Wellness (14 credits minimum) Human Relations (14 credits minimum) Legal Issues (10 credits minimum) Technology (20 credits minimum) 	<p>Manual Trades Learning Strands (50 credit hours required)</p> <ol style="list-style-type: none"> Support Services (Job related Skills (15 credits minimum) Health, Safety, Wellness (15 credits minimum) Legal Issues (10 credits minimum) Human Relations (10 credits minimum)
<p>Options:</p> <ul style="list-style-type: none"> • Campus-based Professional Development Days • District-Wide Professional Development Days • Approved Out-of-District Conferences/Trainings/Workshops • Approved On-Line Courses 	<p>Completion Requirements: Credit hours must be completed within five years of the initial hire date.</p>

State & District Gifted & Talented Requirements	
State Requirements	District Guidelines
<p>According to the Texas Education Agency, school districts shall ensure that:</p> <ol style="list-style-type: none"> (1) prior to assignment in the program, teachers who provide instruction and services that are a part of the program for gifted students have a minimum of 30 hours of staff development that includes nature and needs of gifted/talented students, assessing student needs, and curriculum and instruction for gifted students; (2) teachers without training required in paragraph (1) of this section who provide instruction and services that are part of the gifted/talented program must complete the 30-hour training requirement within one semester; (3) teachers who provide instruction and services that are a part of the program for gifted students receive a minimum of six hours annually of professional development in gifted education; and (4) administrators and counselors who have authority for program decisions have a minimum of six hours of professional development that includes nature and needs of gifted/talented students and program options. 	<p>All teachers of core academic subjects must attend the 30 hour basic GT training prior to instructing any student identified as gifted and talented. Teachers new to TISD must either provide a certificate of training or attend the 30 hour training course in TISD prior to the start of the school year. Teachers hired after the start of the school year must have completed the 30 hour course prior to the end of the first semester if they are assigned to teach GT students.</p> <p>Teachers who miss one or more of the required five modules of the 30 hour basic training must seek prior approval for substitutions prior to attending make-up training courses. Approval must be requested in writing to the District Coordinator of Advanced Academics.</p> <p>Annual updates completed in the summer months will count toward the upcoming school year. Teachers unable to attend any of the locally offered GT staff development opportunities may be required to complete free on-line GT training on his or her own time. GT basic and annual update training is optional for teachers who do not teach core academic areas.</p>

State & District Technology Standards	
State Requirements	District Guidelines
<p>I. All teachers use technology-related terms, concepts, data input strategies and ethical practices to make informed decisions about current technologies and their applications.</p> <p>II. All teachers identify task requirements, apply search strategies and use current technology to efficiently acquire, analyze, and evaluate a variety of electronic information.</p> <p>III. All teachers use task-appropriate tools to synthesize knowledge, create and modify solutions and evaluate results in a way that supports the work of individuals and groups in problem-solving situations.</p> <p>IV. All teachers communicate information in different formats and for diverse audiences.</p> <p>V. All teachers know how to plan, organize, deliver and evaluate instruction for all students that incorporates the effective use of current technology for teaching and integrating the Technology Applications Texas Essential Knowledge and Skills (TEKS) into the curriculum.</p>	<p>All staff members are encouraged to take at least 6 hours of technology courses annually.</p> <p>All staff members are expected to be proficient in the use of District technology resources which may include:</p> <ul style="list-style-type: none"> • Laptop • Document camera • SMART Board • Student response systems • Content related technology such as calculators and probes. <p>All instructional staff members are expected to attend professional development learning events that support the integration of technology within lesson design.</p>

New Teacher Induction Program	
District Requirements	District Program
<p>All teachers new to the District shall be assigned a mentor and shall successfully complete a District-sponsored induction program prior to the beginning of school. New teachers with less than one year of experience shall successfully complete a District-sponsored two-year New Teacher Academy. Attendance at these activities shall be mandatory.</p> <p>Teachers hired after the scheduled induction week will contact the Office of Professional Development and schedule an appointment to receive information relating to District policy and procedures, technology basics, content specific mandates and instructional programs and mentor assignment.</p>	<p>P.A.L.S. (Powerful Allies for Learning Support) is a research based, systematic and sustained mentoring program for beginning teacher support extending through the second year of employment with Tyler ISD.</p> <p>Teacher participation is determined by the number of certified years' experience recognized by the Texas Education Agency (TEA). This excludes private school experience and any experience outside of a public school system.</p> <p>Required participation includes but is not limited to:</p> <ul style="list-style-type: none"> • Attendance at scheduled New Teacher Induction week, prior to official hire date, focusing on District policies and procedures, technology basics, and District and state mandates for specialized content and instructional programs • Attendance at scheduled 1st Year Teacher Academies throughout the school year • Collaboration with campus and district mentor • Attendance at scheduled Learning Circles with campus Lead Mentor and other beginning teachers for networking and additional beginning teacher support. <p style="text-align: right;">(See Appendix D)</p>

Workshop– Submit Outside Credit

Introduction

Because of the diversity of training needs, Tyler ISD also accepts, for staff development credit, college course work (maximum 6 semester units per year), and attendance at conferences and workshops outside the district. A district approval process must be followed to earn credit.

The approval process is:

1. prior approval from principal/supervisor
2. submission of request for credit through the on-line management system
3. documentation of attendance will be accepted if the following information is provided: name of training, date and location, credit hours, and signed by appropriate campus administrator.

Add New Portfolio Entry After Approval

1. Log into Eduphoria and select Workshop.
<https://eduphoria.tylerisd.org>
(Windows Login)
2. Select **My Portfolio**.
3. Select **Add New Portfolio Entry** button at the bottom of your screen.
4. Select one of the following entry types and click **Next** in the bottom right corner of the screen:



New Portfolio Entry

What type of entry do you want to include in your portfolio?

Outside workshop or conference

Request for district professional development level

College course

Other

4. Type the title and description and click **Next**.
5. Select the **Start** date and time and click **Next**.
6. Select the **End** date and time and click **Next**.
7. Select **Yes** if you want district credit and click **Next**.
8. Carefully type the hours for the credit type(s). Include notes if you are not sure of what credit should be recorded. Click **Next**.
9. (a) Select **At a later time, after I modify the entry** if you wish to attach the documentation to the request. Click **Next** and **Finish**. Skip to step 10 below.
 (b) Select **Now** if you will send documentation separately. Click **Next** and **Finish**

Submit Request for Credit

Would you like to submit your request for credit now or at a later time? Submitting at later time will allow you to modify the information supplied in this wizard and add file attachments.

- Now
 At a later time, after I modify the entry

10. The entry will be listed in your **My Portfolio** list. Select the course for which you want to attach the file.

11. Select the **Notes** tab.

There are two reasons the notes tab, **My Notes** and **Portfolio File Attachments**.

12. Select the paperclip to the right of **Portfolio File Attachments** (highlighted in yellow) and select the scanned document you wish to attach.

13. Select **Save** and then **Submit for Approval**.

The screenshot shows the 'My Portfolio' interface. On the left, a list of entries includes 'test' (March 2, 2011) and 'School Fusion Overview-ITS' (February 28, 2011). On the right, the 'test' entry is selected, and the 'Notes' tab is circled. A yellow banner states 'Credit has not yet been requested for this entry.' Below this, the 'Request Details' section shows 'Request Type: This credit request is for an outside workshop.' At the bottom, the 'Portfolio File Attachments' section is highlighted in yellow, and a paperclip icon is circled. Arrows from the instructions point to the 'Notes' tab and the paperclip icon.