



SONORA INDEPENDENT SCHOOL DISTRICT

807 S. Concho Ave.
Sonora, TX 76950
(325)387-6940

MEMO

TO: 21-22 SUBSTITUTE TEACHERS

FROM: KIMBERLY GONZALES

SUBJECT: 2021-22 SUBSTITUTE TEACHING

If you are interested in continuing as a substitute teacher for the 2021-22 school year, please fill out the documents attached and return to me.

Sonora ISD will offer you the opportunity to participate in the health insurance plans. Information is included in this packet that describes the plans and their monthly costs. If you participate in the health plans, you will be payroll deducted the monthly amount from your paycheck. If your pay is not sufficient to cover the full premium, you must submit the difference to the district by the 21st day of the current month. If you fail to timely pay the monthly premiums, the district will proceed with the coverage cancellation process. If you have any questions regarding the health insurance plans, please contact me at 325/387-6940.

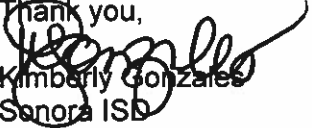
Regardless if you are going to take the health insurance or not; please complete and sign the health application to accept or decline, and return the form to Kimberly Gonzales.

***SUB REQUIREMENTS FOR 2021-22:**

Substitutes will be required to work a full day (4 hour or 8 hour day; campus specific times). If you are assigned to sub the entire day, you must stay the entire day. When your assignment is over for the day or if you leave a campus at any time, you must check in with the Campus Secretary and notify them that you are finished with your current assignment and/or are leaving for the day.

It will be your responsibility as a Substitute to use the Biometrics fingerprint time clock system and if you fail to use this system, it will affect your pay for that month. If you have trouble using this system, it is your responsibility to contact the Campus Secretary immediately and let them know of your situation. Campus Secretaries can make adjustments to your time if they are notified in a timely matter. We appreciate all that you do and look forward to a great 2021-22 school year!

Thank you,


Kimberly Gonzales
Sonora ISD
HR/Payroll Clerk



Sonora I.S.D.
807 South Concho
Sonora, TX 76950
(325) 387-6940

Application For Employment As A Substitute Teacher

Personal Information

Name _____
Address _____ City _____ ST. _____ Zip code _____
Telephone _____ Driver's License # _____ Expiration Date _____
Email Address _____

Education

The school district must have proof of highest degree obtained (i.e. diploma, college transcript, GED certificate) before your name is placed on the Approved Substitute Teacher List.

Highest Degree Obtained (Check One):

- ☐ B.S Field(s) _____ Teaching Certificate? ☐ Yes ☐ No
☐ B.A Field(s) _____ Teaching Certificate? ☐ Yes ☐ No
☐ Business School
☐ High School Diploma
☐ G.E.D.

Grades you are Willing to Teach (Check One):

- ☐ All Grades ☐ CAFETERIA
☐ PK-2
☐ 3-6
☐ 7-12

Availability

Are you available to teach any school day? ☐ Yes ☐ No

If not, please indicate your preference: _____

References

List three references who have known you for at least one year:

1. Name _____ Address _____ Relationship _____
2. Name _____ Address _____ Relationship _____
3. Name _____ Address _____ Relationship _____

Your signature below indicates your understanding of and agreement to the following conditions of employment:

1. Substitute teaching is part-time employment and there is no guarantee regarding the number of days of employment.

2. Employment is for classroom days only; employment will not be available for scheduled holidays and vacations.

Signature _____ Date _____

Note: This application will not be processed until all information has been filled out and the application has been signed.

August 2021

S	M	T	W	T	F	S
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 2021

S	M	T	W	T	F	S
			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 2021

S	M	T	W	T	F	S
					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 2021

S	M	T	W	T	F	S
	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 2021












S	M	T	W	T	F	S
			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 2022

S	M	T	W	T	F	S
						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					

2021-2022 District Calendar*Est. 1889***SONORA ISD**

HOME OF THE MIGHTY BRONCOS

	Staff Inservice/ Teacher Workday		Reporting Period Begins
	New Staff Inservice/ Comp Days		Reporting Period Ends
	Weather Day		Early Dismissal: 2:45 PM
	School Holiday		Early Dismissal: 12 Noon
	High School Graduation		Early Dismissal: 12 Noon (Students) Teacher Workday PM
	K-5 Summer School		

Staff Development Days (No school for students):**New Teacher Orientation/Comp Days:** Aug. 10th, Jan. 7th**Staff Inservice:** Aug. 11th-13th, Jan. 3rd, Feb. 11th**Teacher Workdays:** Apr. 15th, May 31st**School Holidays (No school):****Labor Day:** Sept. 6th**Thanksgiving:** Nov. 22nd—Nov. 26th**Christmas:** Dec. 20th—Dec. 31st**Spring Break:** Mar. 14th—Mar. 18th**High School Graduation:** May 27, 2022**Reporting Periods:****1st Six Weeks:** Aug. 16– Sept. 24th**2nd Six Weeks:** Sept. 27th—Oct. 29th**3rd Six Weeks:** Nov. 1st– Dec. 17th**4th Six Weeks:** Jan. 4th– Feb. 18th**5th Six Weeks:** Feb. 21st– Apr. 14th**6th Six Weeks:** Apr. 18th—May 27th**Early Dismissals:****Fridays (2:45 PM)****Homecoming (12:00 PM):** Sept. 17th**Fall Festival (12:00 PM):** Oct. 27th**For Students Only (12:00 PM):** Sept. 24th, Oct. 29th, Feb. 18th**For Staff and Students (12:00 PM):** Sept. 10th, Oct. 27th, Dec. 17th, May 27th**February 2022**

S	M	T	W	T	F	S
		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 2022

S	M	T	W	T	F	S
		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 2022

S	M	T	W	T	F	S
					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 2022

S	M	T	W	T	F	S
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 2022

S	M	T	W	T	F	S
			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 2022

S	M	T	W	T	F	S
					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						

	Days	Elementary School Minutes	Secondary School Minutes
1st Six Weeks	29	13,230	13,230
2nd Six Weeks	25	11,310	11,310
3rd Six Weeks	30	13,875	13,875
Total 1st Semester	84	38,415	38,415
4th Six Weeks	32	14,895	14,895
5th Six Weeks	34	15,960	15,960
6th Six Weeks	30	13,875	13,875
Total 2nd Semester	96	44,730	44,730
Total Teaching Days	180		
Staff Development Days	7		
Total Minutes		83,145	83,145

TO: SISD EMPLOYEES & SUBSTITUTES

FROM: MICHAEL KISSIRE, SUPERINTENDENT

The payroll cut-off dates and pay dates are listed below. Please take note of these dates and make sure that your CAMPUS payroll reconciled **every Friday**.

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**PAYROLL CUT-OFF DAYS AND PAY DATES
2021-22**

<u>MONTH</u>	<u>CUT-OFF DATE</u>	<u>PAY DATES</u>
September	September 14, 2021	September 20, 2021
October	October 14, 2021	October 20, 2021
November	November 15, 2021	November 19, 2021
December	December 14, 2021	December 20, 2021
January	January 14, 2022	January 20, 2022
February	February 14, 2022	February 18, 2022
March	March 8, 2022	March 18, 2022
April	April 13, 2022	April 20, 2022
May	May 16, 2022	May 20, 2022
June	June 14, 2022	June 20, 2022
July	July 14, 2022	July 20, 2022
August	August 15, 2022	August 19, 2022

Employee's Withholding Certificate

OMB No. 1545-0074

2021

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ Employee's signature (This form is not valid unless you sign it.)		▶ Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4** Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b) – Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5** Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

2021-2022 PEIMS Data Standards
Appendix F: Ethnicity and Race Reporting Guidance

**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

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

_____ Hispanic / Latino

_____ Not Hispanic/Latino

Race – choose one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Observer signature:

Campus and Date:

Texas Education Agency – March 2021



SONORA INDEPENDENT SCHOOL DISTRICT

807 S. Concho Ave.
Sonora, TX 76950
(325)387-6940

July 21, 2021

REF: Notice of Reasonable Assurance

To the Substitute Addressed:

This is to advise you that this letter is notice of reasonable assurance of employment in the status of a **Substitute** employee for the 2021-22 school year, in accordance with provisions of the Texas Unemployment Compensation Act.

By virtue of this notice, please understand that you are not eligible for unemployment compensation benefits during any scheduled school breaks, including, but not limited to, the summer, mid-winter, and spring breaks. This assurance is contingent upon continued school operations and will not apply in the event of any disruption that is beyond the control of the district (i.e., lack of school funding, natural disasters, court-order, public insurrections, war, etc.).

Sincerely,

Kimberly Gonzales
Human Resources/Payroll/PEIMS Coordinator

.....

SUBSTITUTE ENROLLMENT

I agree to comply with the rules, regulations, and policies of the
Sonora Independent School District

Name (print)

Date

Signature

Address

City

State

Zip

Phone

NOTE: The district's schools will be closed Thanksgiving week (November 22nd-26th), Mid-Winter break (December 20, 2021 to January 4, 2022), and Spring Break (March 14, 2022 to March 18, 2022).

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, _____, have been notified that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please Print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

_____/_____/_____
Date

Sonora Independent School District

Agency Name (Please Print)

Kimberly Gonzales

Agency Representative Name (Please Print)

Signature of Agency Representative

_____/_____/_____
Date

FOR OFFICE USE ONLY

Please:

Check and Initial each Applicable Space

CCH Report Printed:

YES ___ NO ___ Initial

Purpose of CCH: ___ Substitute
 ___ Service & Support
 ___ Professional

Other: _____

Empl ___ Vol/Contractor ___ Initial

Date Printed: _____ Initial

Destroyed Date: _____ Initial

Retain in your files

Rev. 09/2015



Addendum to Application Criminal History Authorization

Sonora I.S.D.
807 South Cencho
Sonora, TX 76950
(325) 387-6940

The Sonora Independent School District may obtain from any law enforcement or criminal justice agency all criminal history record information that relates to an applicant for employment with the district (Texas Education Code 22.083) and shall obtain criminal history records of school bus drivers from local and regional authorities (Texas Education Code 22.084).



I understand the information set forth below will be used by the district solely for the purpose of obtaining criminal history record information and will not be used in any manner related to determining eligibility for employment with the district.

Full Name: _____
Last First Middle

Current Address: _____
Address City State Zip Code

Daytime Phone Number: (____) ____-____

Social Security #: ____-____-____

Date of Birth: _____

Gender: ☐ Male ☐ Female

Ethnicity ☐ Hispanic ☐ Black ☐ White/Other

Driver's License #: _____ State _____

Signature Date

Sonora Independent School District Electronic Communication and Data Management System Acceptable Use Policy

The Sonora Independent School District provides an array of technology resources for faculty and staff use to promote educational excellence in its schools by facilitating resource sharing, innovation, and communication. This agreement outlines appropriate use and prohibited activities when using technology resources at school and all school related functions. Any use of the District's information and communication systems and resources by authorized users must be in furtherance of these limited purposes and conform to the District's expectations for legal, efficient, and ethical use.

Sonora ISD (SISD) provides users access to the District's electronic communications system for educational purposes. The District's computer systems and networks (system) are any configuration of hardware and software. The electronic communications system includes but is not limited to the following:

- Telephones, cellular telephones, and voicemail technologies;
- Email accounts;
- Servers and network equipment;
- Computer hardware (including mobile devices, tablets, i-devices) and peripherals;
- Software including operating system software and application software;
- Digitized information including stored text, data files, email, digital images, and video and audio files;
- Internally or externally accessed databases, applications, or tools (Online/Internet- or District- server based);
- District-provided filtered Internet access;
- District-provided filtered guest Wi-Fi; and
- New technologies as they become available.

These technologies, when properly used, promote educational excellence in the District by facilitating resource sharing, innovation, and communication. Illegal, unethical or inappropriate use of these technologies can have dramatic consequences, harming the District, its students and its employees. This Acceptable Use Policy is intended to minimize the likelihood of such harm by educating District system users and setting standards, which will serve to protect the District. The District firmly believes that digital resources, information and interaction available on the computer/network/Internet far outweigh any disadvantages.

In order for the District to be able to continue to make its Network and the Internet access available, all users must take responsibility for appropriate and lawful use of this access. Users must understand that one person's misuse of the District technology hardware or software, Network and/or the Internet access may jeopardize the ability of all to enjoy this access. While the District's management and network administrators will make reasonable efforts to administer use of the Network and Internet access, they must have user cooperation in exercising and promoting responsible use of this access.

Authorized Users

The District permits individuals in the following categories to become authorized users of its computer network and/or have access to the Internet, subject to administrative regulations developed by the Technology Director and approved by the Superintendent.

- Campus administrators and campus administrative support employees.
- Central office administrators (department or division directors) and their administrative support employees.
- Instructional personnel.
- Instructional support and student services personnel, i.e., librarians, counselors, and school nurses.
- Students in grades Pre-Kindergarten to Twelve grades.
- School board members.
- Temporary workers (substitute Teacher, Consultants, etc.)

Availability of Access

Acceptable Use. Computer/Network/Internet access will be used to enhance learning consistent with the District's educational goals. The District requires legal, ethical and appropriate computer/network/Internet use.

Privilege. Access to the District's computer/network/Internet is a privilege, not a right, and administrators and faculty may review files and messages to maintain system integrity therefore, ensure that users are acting responsibly.

Access to Computer/Network/Internet. Access to the District's electronic communications system, including the Internet, shall be made available to staff and students for instructional purposes. Each District computer and guest Wi-Fi (available for staff and students who bring their own personal telecommunication devices) has filtering software that blocks access to visual depictions that are obscene, pornographic, inappropriate for students, or harmful to minors, as defined by the federal Children's Internet Protection Act (CIPA). Filtered Internet access is provided to students as defined by CIPA. However, while the District uses filtering technology and protection measures to restrict access to inappropriate material; it is not possible to absolutely prevent such access. It is each student's responsibility to follow the rules for appropriate and responsible use.

Student Access. Computer/Network/Internet access is provided to all students unless parents or guardians request in writing to the campus principal that access be denied. Student Internet access will be under the direction and guidance of a District staff member. Students may also be allowed to use the local network and guest Wi-Fi with campus permission.

Students 13 or younger. For students under the age of 13, the Children's Online Privacy Protection Act (COPPA) requires additional parental permission for educational software tools. Parents wishing to deny access to these educational tools must do so in writing to the campus principal indicating their child should be denied access to these tools. Examples of these tools are Discovery Education, wikis, blogs, and Edmodo.

Use of Personal Telecommunication Devices (BYOD = Bring Your Own Device). The District believes technology is a powerful tool that enhances learning and enables students to access a vast amount of academic resources. The District's goal is to increase staff and student access to digital tools and facilitate immediate access to technology-based information, much the way that students utilize pen and paper. To this end, the District will open a filtered, wireless network through which staff and students will be able to connect privately owned (personal) telecommunication devices. Staff and students using personal telecommunication devices must follow the guidelines stated in this document while on school property, attending any school-sponsored activity, or using the Sonora ISD network.

Students are allowed to bring personal telecommunication devices that can access the Internet for educational purposes as determined by the classroom teacher. Students may use devices that fall into the following categories: (1) laptops, (2) netbooks, (3) tablets, and (4) e-Readers. In some instances, teachers may allow cell phones/smartphones to be used.

- Students will be allowed to use the devices between classes and in the cafeteria setting in a digitally responsible manner.
- Students will not be allowed to use the device in any way to cause a disruption to the school day. This includes, but is not limited, to recording video/audio or taking photos during or between classes and in the cafeteria unless otherwise allowed by a teacher/staff member. Recording the voice or image of another in any way that disrupts the educational environment, invades the privacy of others, or is made without the consent of the individuals being recorded is prohibited.

Staff are allowed to bring personal telecommunication devices that can access the Internet for educational and/or job related purposes.

The District is not responsible for maintaining, repairing, or otherwise troubleshooting a user's personal cellular, mobile or other electronic devices. The District is not responsible for damage, corruption, modification, and/or deletion of any personal data stored on any employee-owned handheld computing/communication device. Furthermore, the District makes no guarantees of service quality or access regarding personal devices.

The District strongly encourages users who choose to use personal communication devices for business or educational purposes to protect those devices with "password protection", blocking any unauthorized users access to its contents. An employee who accesses his or her District e-mail or resources from a cell phone or mobile device should make a report to the District Technology Department immediately if the device is lost or stolen. The possibly delicate and/or confidential information which could be present on the device is of immediate concern to the District.

Security. A student or staff member who gains access to any inappropriate or harmful material is expected to discontinue the access and to report the incident to the supervising staff member. Any user identified as a security risk or as having violated the Acceptable Use Policy may be denied access to the District's system. Other consequences may also be assigned.

A user who knowingly brings prohibited materials into the school's electronic environment will be subject to suspension of access and/or revocation of privileges on the District's system. Students will be subject to disciplinary action in accordance with the board approved Student Code of Conduct. Staff will be subject to disciplinary action in accordance with board policy and the employee handbook.

Content/Third-Party Supplied Information. Staff, students and parents of students with access to the District's system should be aware that use of the system may provide access to other electronic communication systems in the global electronic network that may contain inaccurate and/or objectionable material.

Subject to Monitoring. All District computer/network/Internet usage shall not be considered confidential and is subject to monitoring by designated staff at any time to ensure appropriate use. Users should not use the computer system to send, receive or store any information, including email messages, that they consider personal or confidential and wish to keep private. All electronic files, including email messages, transmitted through or stored in the computer system will be treated no differently than any other electronic file. The District reserves the right to access, review, and copy, modify, delete or disclose such files for any purpose. Users should treat the computer system like a shared or common file system with the expectation that electronic files, sent, received or stored anywhere in the computer system, will be available for review by any authorized representative of the District for any purpose. Personal telecommunication devices are subject to examination in accordance with disciplinary guidelines if there is reason to believe that the Acceptable Use Policy have been violated.

Student Computer/Network/Internet Responsibilities

District users are bound by all portions of the Acceptable Use Policy. A student who knowingly violates any portion of the Acceptable Use Policy will be subject to suspension of access and/or revocation of privileges on the District's system and will be subject to disciplinary action in accordance with the Board-approved Student Code of Conduct. Staff who violates guidelines will be subject to disciplinary action in accordance with board policy and the employee handbook.

Use of Social Networking/Digital Tools. Users may participate in District-approved social media learning environments related to curricular projects or school activities and use digital tools, such as, but not limited to, mobile devices, blogs, discussion forums, RSS feeds, podcasts, wikis, and on-line meeting sessions. The use of blogs, wikis, podcasts, and other digital tools are considered an extension of the classroom. Verbal or written language that is considered inappropriate in the classroom is also inappropriate in all uses of blogs, wikis, podcasts, and other District-approved digital tools.

Use of System Resources. Users are asked to purge email or outdated files on a regular basis. Users must not waste or abuse school resources through unauthorized system use (e.g. playing games online, downloading music, watching video broadcasts, participating in chat rooms, etc. that are not educational related).

Password Confidentiality. Users are required to maintain password confidentiality by not sharing their password with others. Users may not use another person's system account.

Reporting Security Problem. If knowledge of inappropriate material or a security problem on the computer/network/Internet is identified, the user should immediately notify the supervising staff member. The security problem should not be shared with others.

The following guidelines must be adhered to by staff and students using a personally owned telecommunication device at school:

- Users must log in and use the SISD filtered wireless network during the school day on personal telecommunication devices. Internet access is filtered by the District on personal telecommunication devices in the same manner as District-owned equipment. Students may not use personal data plans while at school. Use of network equipment, air-cards or routers (tethering or hotspots) is NOT permitted at school (unless by special permission from the Technology Dept.)
- These devices are the sole responsibility of the owner. The campus or District assumes no responsibility for personal telecommunication devices if they are lost, loaned, damaged or stolen and only limited time or resources will be spent trying to locate stolen or lost items.
- Each employee or student is responsible for his/her own device: set-up, maintenance, and charging. Teachers will not store student devices at any time, nor will any District employee diagnose, repair, or work on a user's personal device.
- These devices have educational and monetary value. Students are prohibited from trading or selling these items to other students on District property, including school buses.
- SISD cannot be held responsible for any possible device charges to your account that might be incurred during approved school-related use.
- Personally owned telecommunication devices must be in silent mode while riding school buses and on school campuses, unless otherwise allowed by a teacher/staff member.
- Telecommunication devices will not be used as a factor in grading or assessing student work. Students who do not have access to personal telecommunication devices will be provided with comparable District-owned equipment or given similar assignments that do not require access to electronic devices.
- Telecommunication devices are only to be used for educational purposes at the direction of a classroom teacher or as stated for specific age groups.
- Campus administrators and staff members have the right to prohibit use of devices at certain times or during designated activities (i.e. campus presentations, theatrical performances, or guest speakers) that occur during the school day.
- An appropriately-trained administrator may examine a student's personal telecommunication device and search its contents, in accordance with the Student Code of Conduct.

Rules of Appropriate Use

- Users are assigned an individual account for hardware and Internet access and are responsible for not sharing the password for that account with others.
 - Users are responsible for any activity that occurs under the use of their login.
 - If users leave their device or user account unattended and logged in with the device unlocked, and inappropriate activity occurs, users may be held responsible for that activity.
 - Users may not give their login information to another user. (Exception: users may provide it to technical support personnel for tech support purposes.)
 - Users may not log into a computer or program and allow another user to utilize their account.

- Users will be held responsible at all times for the proper use of District technology resources, and the District may suspend or revoke access if rules are violated.
- The account is to be used primarily for educational purposes, but some limited personal use is permitted. Limited personal use is permitted so long as it imposes no tangible cost on the District; does not unduly burden the District's technology resources; and has no adverse effect on an employee's job performance or on a student's academic performance.
- As applicable, users must comply with the District's record management program, the Texas Open Meetings Act, the Public Information Act, the Family Educational Rights and Privacy Act (FERPA), including retention and confidentiality of student and district records, and campaign laws.
- As applicable, users must maintain the confidentiality of health or personnel information concerning students, district employees and colleagues, unless disclosure serves lawful professional purposes or is required by law.
- Remember that people who receive email from users with a school address might think the message represents the school's point of view.

Inappropriate Use

Inappropriate use includes, but is not limited to, those uses that violate the law, that are specifically named as violations in this document, that violate the rules of network etiquette, or that hamper the integrity or security of this computer/network/Internet system or any components that are connected to it. The following actions are considered inappropriate uses, are prohibited, and will result in revocation of the student's access to the computer/network/Internet.

Violations of Law. Using technology resources for any illegal purpose or in violation of district policy. Transmission of any material in violation of any federal or state law is prohibited. This includes, but is not limited to:

- threatening, harassing, defamatory or obscene material;
- copyrighted material;
- plagiarized material;
- material protected by trade secret; or
- blog posts, Web posts, or discussion forum/replies posted to the Internet which violate federal or state law.

Tampering with or theft of components from District systems may be regarded as criminal activity under applicable state and federal laws. Any attempt to break the law through the use of a District computer/network/Internet account may result in prosecution against the offender by the proper authorities. If such an event should occur, the District will fully comply with the authorities to provide any information necessary for legal action.

Modification of District-Owned Devices. Modifying or changing computer settings and/or internal or external configurations without appropriate permission is prohibited.

Transmitting Confidential Information. Users may not redistribute or forward confidential information without proper authorization. Confidential information should never be transmitted, redistributed or forwarded to outside individuals who are not expressly authorized to receive the information. Revealing personal information by students about oneself such as, but not limited to, home addresses, phone numbers, email addresses, or birthdates of others is prohibited.

- Users should not respond to requests for personally identifying information or contact from unknown individuals.
- Making appointments to meet in person with people met online. If a request for such a meeting is received, it should be reported to a teacher or administrator immediately.

Commercial Use. Use of the system for any type of income-generating activity is prohibited. Advertising the sale of products, whether commercial or personal is prohibited.

Marketing by Non-Sonora ISD Organizations. Use of the system for promoting activities or events for individuals or organizations not directly affiliated with or sanctioned by the District is prohibited.

Vandalism/Mischief. Any malicious attempt to harm or destroy District equipment, materials or data, or the malicious attempt to harm or destroy data of another user of the District's system, or any of the agencies or other networks to which the District has access is prohibited. Deliberate attempts to degrade or disrupt system performance are violations of District policy and administrative regulations and may constitute criminal activity under applicable state and federal laws. Such prohibited activity includes, but is not limited to, the uploading or creating of computer viruses.

Vandalism as defined above is prohibited and will result in the cancellation of system use privileges. Users committing vandalism will be required to provide restitution for costs associated with system restoration and may be subject to other appropriate consequences.

Intellectual Property. Users must always respect copyrights and trademarks of third-parties and their ownership claims in images, text, video and audio material, software, information and inventions. The copy, use, or transfer of others' materials without appropriate authorization is not allowed.

Copyright Violations. Downloading or using copyrighted information without following approved District procedures is prohibited.

Plagiarism. Fraudulently altering or copying documents or files authored by another individual is prohibited.

Impersonation. Pretending to be someone else when posting, transmitting, or receiving messages. Attempts to log on to the computer/network/Internet impersonating a system administrator or District employee, student, or individual other than oneself, will result in revocation of the student's access to computer/network/Internet.

Illegally Accessing or Hacking Violations. Intentional or unauthorized access or attempted access of any portion of the District's computer systems, networks, or private databases to view, obtain, manipulate, or transmit information, programs, or codes is prohibited.

File/Data Violations. Deleting, examining, copying, or modifying files and/or data belonging to other users, without their permission, is prohibited.

System Interference/Alteration. Deliberate attempts to exceed, evade or change resource quotas are prohibited. The deliberate causing of network congestion through mass consumption of system resources is prohibited.

- Damaging electronic communication systems or electronic equipment including: a) knowingly or intentionally introducing a virus to a device or network, or not taking proper security steps to prevent a device or network from becoming vulnerable; b) disfiguring or altering equipment, or displaying lack of reasonable care in its use.
- Disabling or attempting to disable any Internet filtering device. Requests to disable a filtering device should be made to the District's Technology Help Desk.
- Accessing sites not authorized under the District's filtering policies. Encrypting communications to avoid security review.
- Attempting to read, delete, copy, modify, or interfere with another user's posting, transmittal, or receipt of electronic media.
- Sending unauthorized broadcasts to official or private distribution lists, regardless of content or recipients.
- Gaining unauthorized access to restricted information or resources.
- The introduction of viruses, spyware, adware, malware, any malicious code or tampering with any computer system, is expressly prohibited.

- Wasting school resources through improper use of the District's technology resources, including creating and distributing chain letters, sending spam, or setting up equipment so that it can act as an "open relay" for third-party spammers, or providing products or services for pay, i.e., outside employment.
- Users may not attach personal network equipment to the Sonora ISD network unless approved by the Sonora ISD Technology Dept. (ex: hubs, routers, switches, wireless access points, etc.)

Harassment, Use of Inappropriate Language and Posting of Pictures without Permission □ Using resources to engage in conduct that harasses or bullies others.

- Posting, transmitting, or accessing materials that are abusive, obscene, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal.
- Using inappropriate language such as swear words, vulgarity, ethnic or racial slurs, and any other inflammatory language.
- Posting or transmitting pictures of students without obtaining prior permission from all individuals depicted or from parents of depicted students who are under the age of 18.

Cyberbullying is defined as the use of any Internet-connected device for the purpose of bullying, harassing, or intimidating another student. This includes, but may not be limited to:

- Sending abusive text messages to cell phones, computers, or Internet-connected game consoles.
- Posting abusive comments on someone's blog or social networking site (e.g., Instagram, Snapchat, or Facebook).
- Creating a social networking site or web page that masquerades as the victim's personal site and using it to embarrass him or her.
- Making it appear that the victim is posting malicious comments about friends to isolate him or her from friends.
- Posting the victim's personally identifiable information on a site to put them at greater risk of contact by predators.
- Sending abusive comments while playing interactive games.
- Recording and distributing media with the intent to manipulate or embarrass others.

Email and Communication Tools

Email and other digital tools such as, but not limited to, blogs and wikis, are tools used to communicate within the District. The use of these communication tools should be limited to instructional, school- related activities, or administrative needs.

Users may be issued email accounts. Users should check email frequently, delete unwanted messages promptly, and stay within the email server space allocations.

Sonora ISD reserves the right to monitor all activity in Sonora ISD electronic resources, included district provided email accounts. Commercial use of Sonora ISD electronic resources is strictly prohibited.

Sonora ISD shall not be liable for a user's inappropriate use of Sonora ISD electronic resources or violation of copyright restrictions or other laws or for any costs incurred by users through the use of SISD electronic resources

Reminder: E-Mail is subject to public information act requests (PIA) and is admissible in court in some cases. Keep in mind when composing an e-mail message that it could possibly be read by anyone or could appear in the local newspaper if requested via a PIA request.

Be careful when sending sensitive data via e-mail. It may need to be password protected and possibly encrypted. Review the requirements of HIPAA and FERPA laws which prohibit disclosure of certain student information. Electronic/Voice mail usage must conform to the District's policies against harassment and discrimination. Messages containing defamatory, obscene, offensive, or harassing information, or messages that disclose personal information

without authorization, are prohibited. If any unsolicited messages are received, delete them promptly and not forward them.

Users should keep the following points in mind:

Perceived Representation. Using school-related email addresses, blogs, wikis, and other communication tools might cause some recipients or other readers of the email to assume that the user's comments represent the District or school, whether or not that was the student's intention.

Privacy. Email, blogs, wikis, and other communication within these tools should not be considered a private, personal form of communication. Private information, such as home addresses, phone numbers, last names, pictures, or email addresses, should not be divulged. To avoid disclosing email addresses that are protected, email communications to multiple recipients, who are outside of the district, should be sent using the blind carbon copy (bcc) feature.

Inappropriate Language. Using obscene, profane, lewd, vulgar, rude, inflammatory, threatening, or disrespectful language in emails blogs, wikis, or other communication tools is prohibited. Sending messages that could cause danger or disruption, personal attacks, including prejudicial or discriminatory attacks are prohibited.

Political Lobbying. Consistent with State ethics laws, District resources and equipment, including, but not limited to, emails, blogs, wikis, or other communication tools must not be used to conduct any political activities, including political advertising or lobbying. This includes using District email, blogs, wikis, or other communication tools to create, distribute, forward, or reply to messages, from either internal or external sources, which expressly or implicitly support or oppose a candidate for nomination or election to either a public office or an office of a political party or support or oppose an officeholder, a political party, or a measure (a ballot proposition). These guidelines prohibit direct communications as well as the transmission or forwarding of emails, hyperlinks, or other external references within emails, blogs, or wikis regarding any political advertising.

Forgery. Forgery or attempted forgery of email messages is prohibited. Attempts to read, delete, copy or modify the email of other system users, deliberate interference with the ability of other system users to send/receive email, or the use of another person's user ID and/or password is prohibited.

Junk Mail/Chain Letters. Generally users should refrain from forwarding emails which do not relate to the educational purposes of the District. Chain letters or other emails intended for forwarding or distributing to others is prohibited. Creating, distributing or forwarding any annoying or unnecessary message to a large number of people (spamming) is also prohibited.

Student Email Accounts and Electronic Communication Tools

Electronic communication is an important skill for 21st Century students. By providing this tool, the District is equipping students with the skills necessary for success in the business world. Students in grades 6 - 12 may be given access to a District student email account. Parents wishing to deny access to District email must do so in writing to the campus principal. As appropriate, project email accounts may be granted for educational activities for students in grades K-5 at the request of the classroom teacher. Student email accounts may be provided directly by the District, through the content management system of an approved online course, or through a District-approved provider.

Digital Citizenship

Sonora ISD users will use information and technology in safe, legal, and responsible ways. Users will embrace the following conditions or facets of being a digital citizen.

- **Respect Yourself:** I will select online names that are appropriate, and I will adhere to District Guidelines when posting information and images online. I will not share inappropriate information or graphics with others.
- **Protect Yourself:** I will not publish my personal details, contact details, or a schedule of my activities.
- **Respect Others:** I will not use technologies to bully or tease other people.
- **Protect Others:** I will protect others by reporting abuse and not forwarding inappropriate materials or communications.
- **Respect Intellectual Property:** I will suitably cite any and all use of websites, books, media, etc.
- **Protect Intellectual Property:** I will request to use the software and media others produce.

Consequences of Agreement Violation

Any attempt to violate the provisions of this agreement may result in revocation of the user's access to the computer/network/Internet, regardless of the outcome of the attempt. In addition, school disciplinary and/or appropriate legal action may be taken.

Denial, Revocation, or Suspension of Access Privileges. With just cause, the Director of Technology and/or building principal, may deny, revoke, or suspend computer/network/Internet access as required.

A user whose access has been suspended or revoked may request a conference with the principal and Technology Director to discuss the basis for that action and have an opportunity to respond. A decision by the Technology Director to suspend or revoke system privileges may be appealed to the Superintendent or the Board.

Warning

Sites accessible via the computer/network/Internet may contain material that is illegal, defamatory, inaccurate or controversial. Each District computer with Internet access has filtering software that blocks access to visual depictions that are obscene, pornographic, inappropriate for students, or harmful to minors, as defined by the federal Children's Internet Protection Act. The District makes every effort to limit access to objectionable material; however, controlling all such materials on the computer/network/Internet is impossible, even with filtering in place. With global access to computers and people, a risk exists that students may access material that may not be of educational value in the school setting.

Disclaimer

The District's system is provided on an "as is, as available" basis. The District does not make any warranties, whether expressed or implied, including, without limitation, those of merchantability and fitness for a particular purpose with respect to any services provided by the system and any information or software contained therein. The District does not guarantee that the functions or services performed by, or that the information or software contained on the system will meet the system user's requirements, or that the system will be uninterrupted or error free, or that defects will be corrected. Opinions, advice, services, and all other information expressed by system users, information providers, service providers, or other third-party individuals in the system are those of the providers and not the District.

The District will cooperate fully with local, state, or federal officials in any investigation concerning or relating to misuse of the District's electronic communications system.

Acknowledgement of Acceptable Use Policy

User Signature Required

Each user authorized to access the District computers, networks, telecommunications, Internet services, or other resources is required to sign an Acceptable Use Policy Acknowledgement Form or the Employee or Student Code of Conduct and Student/Parent Handbook Acknowledgement Form stating that they have read policy CQ Local, CQ Legal and CQ Exhibit (the Acceptable Use Policy).

As a condition of continued employment, employees, consultants, and contractors must annually sign an Acceptable Use Policy Acknowledgement Form or Sonora ISD Employee Handbook. The acknowledgement form will be retained in the employee's personnel file or in the Technology Department's files. Acknowledgement forms from students will be maintained in campus records, as will Acknowledgement forms from parents and volunteers.

I hereby acknowledge that I have received information related to the User Agreement for the Acceptable Use Policy as required on Board Policy CQ (LEGAL) and CQ (LOCAL). I further acknowledge that I have been offered the option to receive a paper copy of said agreement or to electronically access them. I agree to review the Acceptable Use Policy by accessing the web sites provided or by requesting, in writing, a paper copy from the appropriate department.

Staff Printed Legal Name

Campus

Staff Signature

Date

STUDENT:

As a user of the Sonora ISD computer network, I hereby agree to comply with the above-stated rules. I will use the network responsibly and will honor all relevant restrictions.

Student Printed Legal Name

Campus

Grade

Student Signature

Date

PARENT OR LEGAL GUARDIAN:

As the parent or legal guardian of the minor student signing above, I grant permission for the student named to access networked computer services such as electronic mail and the Internet. I understand some material on the internet may be objectionable, but that Sonora ISD has systems in place to limit access to this information. Ultimately, I must work with my child to stress the importance of appropriate and responsible behavior and that there are disciplinary and legal consequences for misbehavior.

Acceptance to allow publication of student recognition and/or created work(s) on the district website and associated social media:

Your son or daughter may create artwork or writing which would be suitable for publication on the district website/social media sites or any publicly reproduced document. In addition, there are times when we would like to post your child's photo on the district website/social media sites or any publicly reproduced document related to awards received, sports and/or club activities, which feature your child, and other celebratory occasions. All postings of work or photos will appear in an educational context with appropriate copyright notice prohibiting the copying of such work without express written permission. No home address or telephone number will appear with such work or photos. If you would not like your child's artwork, writing, or photos to appear on the Sonora ISD website/social media sites, or any publicly reproduced document, please contact your child's principal.

Parent/Legal Guardian Signature

Date

To review the Acceptable Use Policy go to Sonora ISD Webpage or follow this link:

http://www.sonoraisd.net/UserFiles/Servers/Server_3114456/File/Staff/Acceptable%20Use/Acceptable%20Use%20Policy%2018-19.pdf

SONORA ISD—SUBSTITUTE ELIGIBILITY FOR HEALTH INSURANCE COVERAGE

SONORA 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 SONORA 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.** The premiums for current months will be deducted from your pay for current month. If your pay is not sufficient to cover the full premium, you must submit the difference to the district by the **21st** day of the preceding month. If the **21st** 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 timely return a letter of reasonable assurance
- you do not timely return a letter of acceptable use policy

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.



**SONORA ISD
HEALTH INSURANCE MONTHLY PREMIUMS
2021-22**

****BCBSTX - TWO PLAN OPTIONS CALL FOR A PRIMARY CARE PROVIDER OR
PCP FOR SPECIALIST REFERRALS*****

TRS-ACTIVECARE PRIMARY	TOTAL COST
EMPLOYEE ONLY	417.00
EMPLOYEE/SPOUSE	1,176.00
EMPLOYEE/CHILD(REN)	751.00
EMPLOYEE/FAMILY	1,405.00
EMPLOYEE COUPLES	1,405.00

TRS-ACTIVECARE HIGH DEDUCTIBLE	TOTAL COST
EMPLOYEE ONLY	429.00
EMPLOYEE/SPOUSE	1,209.00
EMPLOYEE/CHILD(REN)	772.00
EMPLOYEE/FAMILY	1,445.00
EMPLOYEE COUPLES	1,445.00

TRS-ACTIVECARE PRIMARY+	TOTAL COST
EMPLOYEE ONLY	542.00
EMPLOYEE/SPOUSE	1,334.00
EMPLOYEE/CHILD(REN)	879.00
EMPLOYEE/FAMILY	1,675.00
EMPLOYEE COUPLES	1,675.00

TRS BLUE ESSENTIALS WEST TEXAS HMO	TOTAL COST
EMPLOYEE ONLY	596.54
EMPLOYEE/SPOUSE	1,443.66
EMPLOYEE/CHILD(REN)	936.18
EMPLOYEE/FAMILY	1,532.74
EMPLOYEE COUPLES	1,532.74

ELIGIBILITY:	Are you an active employee and making monthly contributions to TRS? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you regularly scheduled to work 10 or more hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If no to both, you are not eligible for TRS ActiveCare coverage)
---------------------	--	---

SECTION 1: ENROLLMENT/CHANGE TRANSACTION TYPE

<input type="checkbox"/> Annual Enrollment <input type="checkbox"/> New Employee <input type="checkbox"/> Add Dependent <input type="checkbox"/> Special Enrollment				For District Use Only
<input type="checkbox"/> For New Employee (check one): <input type="checkbox"/> Effective on Actively at Work <input type="checkbox"/> Effective 1 st day of month following				TRS District # _____ Actively at Work Date: _____
Special Enrollment Event Date: ____/____/____		<input type="checkbox"/> Marriage <input type="checkbox"/> Court Order <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Other: _____		Effective/Change Date: _____
Change Only: <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Plan/Coverage	Decline Coverage: <input type="checkbox"/> Yes (Complete Section 6) <input type="checkbox"/> N/A Effective Date of Change/Cancel ____/____/____	Cancel Employee <input type="checkbox"/> Death <input type="checkbox"/> Loss of Eligibility <input type="checkbox"/> Retirement/Terminated <input type="checkbox"/> Non-Payment <input type="checkbox"/> Other: _____	Cancel Dependent <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Loss of Eligibility <input type="checkbox"/> Dropped Coverage <input type="checkbox"/> Other: _____	Employer Approval: _____ Were you covered by another district? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> M <input type="checkbox"/> F	Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish		Ethnicity:		
Do you have a disability affecting your ability to communicate or read? <input type="checkbox"/> Yes (Please complete Section 8) <input type="checkbox"/> No						
Is the Employee Covered By Other Insurance? <input type="checkbox"/> Yes Carrier/Plan: _____ <input type="checkbox"/> No						
Is the Employee Covered by Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C <input type="checkbox"/> Part D Effective: _____ <input type="checkbox"/> No						
Reason for Medicare Coverage: <input type="checkbox"/> Entitlement Age <input type="checkbox"/> Disability <input type="checkbox"/> End Stage Renal Disease (ESRD)						

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

Plan Selection: <input type="checkbox"/> ActiveCare 1-HD <input type="checkbox"/> ActiveCare Select
HMO Selection: <input type="checkbox"/> Scott & White Health Plan
Coverage Type Selected: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family

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

SPOUSE Last Name:		First Name:		MI:
Street Address:				<input type="checkbox"/> Same as Employee
City:	State:	Zip:	Phone Number:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Social Security #:		
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				
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				

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				
SECTION 5: DISABLED DEPENDENTS OVER AGE 26 <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 26. See your Benefits Administrator for the forms, which must be completed in full and submitted to your Benefits Administrator.				
SECTION 6: DECLINATION OF COVERAGE				
This is to 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:
SECTION 7: COVERAGE CONDITIONS				
<ul style="list-style-type: none"> • 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"> ◦ 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. ◦ 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. • 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. • 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. • 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. • 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. • 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). 				

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)

HEALTHIER TOGETHER:

TRS-ActiveCare Plan Highlights 2021-22



IT'S TIME FOR YOUR HEALTH TO GET A BRAND-NEW START.

We're more committed to your wellness than ever. TRS-ActiveCare's plan designs and wide range of wellness benefits are here to make life easier.

This year, let's be healthier – together.



Here are some common terms:

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 30% while the health care plan pays 70%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2021-22 TRS-ActiveCare Plan Highlights

Sept. 1, 2021 – Aug. 31, 2022



How to Calculate Your Monthly Premium

- Total Monthly Premium
- Your District and State Contributions
- Your Premium

Ask your Benefits Administrator for your district's premiums.

Wellness Benefits at No Extra Cost

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia® pregnancy support
- TRS Virtual Health
- Mental health support
- And much more!

Available for all plans.
See your Benefits Booklet for more details.

Things to Know

- TRS's Texas-sized purchasing power creates broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

All TRS-ActiveCare participants have three plan options. Each includes a wide range of wellness benefits.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan summary	<ul style="list-style-type: none"> • Lowest premium of the plans • Copays for doctor visits before you meet deductible • Statewide network • PCP referrals required to see specialists • Not compatible with a health savings account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium than the other plans • Statewide network • Referrals required to see specialists • Not compatible with a health savings account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Compatible with a health savings account (HSA) • Networkwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium	Integration	Your Portion
Employee Only	\$417	\$542	\$	\$428
Employee and Spouse	\$1,178	\$1,234	\$	\$1,209
Employee and Children	\$751	\$879	\$	\$772
Employee and Family	\$1,405	\$1,675	\$	\$1,445

Plan Features	Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible		\$2,500/\$5,000	\$1,200/\$2,600	\$5,500/\$11,000
Individual/Family Coinsurance		You pay 50% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out-of-Pocket		\$8,150/\$16,300	\$6,900/\$13,800	\$20,250/\$40,500
Network		Statewide Network	Statewide Network	Networkwide Network
Primary Care Provider (PCP) Required		Yes	Yes	No

Doctor Visits	Primary Care	Specialist	TRS Virtual Health
	\$30 copay	\$70 copay	\$0 per consultation
	You pay 30% after deductible	You pay 30% after deductible	\$30 per consultation

Immediate Care	Urgent Care	Emergency Care	TRS Virtual Health
	\$50 copay	You pay 30% after deductible	\$0 per consultation
	You pay 30% after deductible	You pay 30% after deductible	\$30 per consultation

Prescription Drugs	Drug Deductible	Generic (30-Day Supply/90-Day Supply)	Preferred Brand	Non-preferred Brand	Specialty
	Integrated with medical	\$15/\$45 copay; \$0 for certain generics	You pay 30% after deductible	You pay 50% after deductible	You pay 30% after deductible
	\$200 brand deductible	\$15/\$45 copay	You pay 25% after deductible	You pay 50% after deductible	You pay 20% after deductible

TRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in this plan • Lower deductible • Copays for many drugs and services • No requirement for PCPs or referrals • No requirement for PCPs or referrals

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,000	\$23,700/\$47,400
Networkwide Network	No

Primary Care	Specialist	TRS Virtual Health
\$30 copay	\$70 copay	\$0 per consultation
You pay 40% after deductible	You pay 40% after deductible	\$0 per consultation

Urgent Care	Emergency Care	TRS Virtual Health
\$50 copay	You pay 30% after deductible	\$0 per consultation
You pay 40% after deductible	You pay 20% after deductible	\$0 per consultation

Drug Deductible	Generic (30-Day Supply/90-Day Supply)	Preferred Brand	Non-preferred Brand	Specialty
\$200 brand deductible	\$20/\$45 copay	You pay 25% after deductible (\$40 min/\$80 max)	You pay 25% after deductible (\$105 min/\$210 max)	You pay 50% after deductible (\$100 min/\$200 max)
		You pay 20% after deductible (\$215 min/\$430 max)		

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 per procedure copay	You pay 40% after deductible + \$100 per procedure copay
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay 30% after deductible + \$500 copay	You pay 50% after deductible + \$500 copay	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility -- You pay 30% after deductible	Facility -- You pay 20% after deductible	Not Covered	Not Covered	Facility -- You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services -- You pay \$5,000 copay + 30% after deductible	Professional Services -- You pay \$5,000 copay + 20% after deductible			Professional Services -- You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility.	Only covered if rendered at a BDC+ facility.			Only covered if rendered at a BDC+ facility.	
Annual Vision Examination (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*Pre-certification for genetic and specialty testing may apply. Contact your Personal Health Guide at 1-866-355-5999 with questions.

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2021-22 Health Maintenance Organizations: Premiums for Regional Plans

REMEMBER:

When you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas another option.

	Central and North Texas Scott and White Care Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO SM <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO SM <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Inon, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$542.48	\$	\$524.90	\$	\$596.54	\$
Employee and Spouse	\$1,362.70	\$	\$1,264.28	\$	\$1,443.66	\$
Employee and Children	\$872.16	\$	\$819.60	\$	\$936.18	\$
Employee and Family	\$1,568.42	\$	\$1,345.58	\$	\$1,532.74	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$1,150/\$3,450	\$500/\$1,000	\$950/\$2,850
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 25% after deductible
Individual/Family Maximum Out-of-Pocket	\$7,450/\$14,900	\$4,500/\$9,000	\$7,450/\$14,900

Doctor Visits			
Primary Care	\$20 copay	\$25 copay	\$20 copay
Specialist	\$70 copay	\$60 copay	\$70 copay

Immediate Care			
Urgent Care	\$50 copay	\$75 copay	\$50 copay
Emergency Care	\$500 copay after deductible	You pay 20% after deductible	\$500 copay before deductible and 25% after deductible

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	\$100	\$150
Days Supply	30-day supply/90-day supply	30-day supply/90-day supply	30-day supply/90-day supply
Generics	\$10/\$25 copay	\$10/\$30 copay	\$5/\$12.50 copay; \$0 for certain generics
Preferred Brand	You pay 30% after deductible	\$40/\$120 copay	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible	\$65/\$195 copay	You pay 50% after deductible
Specialty	You pay 15%/25% after deductible (preferred/non-preferred)	You pay 20% after deductible	You pay 15%/25% after deductible (preferred/non-preferred)

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