



Killeen ISD Sub Center
 2301 Atkinson Ave Portable #1 Killeen, TX 76543
 (254) 336-0112 & 0113

Substitute Employee Data Sheet
 KISD Substitute Employee Management System

Former ISD Employee: Yes / No If yes list position: _____		Social Security #: _____ / _____ / _____	
Name: _____		Home phone: _____ / _____ / _____	
		Cell phone: _____ / _____ / _____	
Email: _____			
Previous Name(s): Yes / No If yes list: _____ <small>(including maiden name)</small>			
DOB: ____ / ____ / ____	Under 23: Yes / No	Married: Yes / No <small>(circle one)</small>	Valid Military ID: Yes / No <small>(circle one)</small>
Address: _____			Apt #: _____
City: _____	State: _____	Zip: _____	
Bachelor's Degree: Yes / No			
Teaching Certification: Yes / No	State: _____		
Your preference for withholding / release information requested under the Texas Public Information Act: Yes / No If yes, sign here: _____ Date: _____			
IN CASE OF EMERGENCY contact:			
Name: _____		Address: _____	
Number: _____		Relationship: _____	
Name: _____		Address: _____	
Number: _____		Relationship: _____	

**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:



KILLEEN INDEPENDENT SCHOOL DISTRICT

200 North W.S. Young Drive, Killeen, Texas 76543
P.O. Box 967, Killeen, Texas 76540-0967
(254) 336-0000

John Craft, Ed.D.
Superintendent

22 - 23 School Year

Re: Letter of Reasonable Assurance

Dear Substitute Employee,

Thank you for your work with the students and staff of our district. You are critical to the success of our instructional and extra-curricular programs, so our regular staff can be absent when necessary for personal or professional reasons. We appreciate your ongoing service and wish you a successful new school year.

Please allow this letter to provide notice of reasonable assurance of continued employment with the District when each school term resumes after a scheduled school break. By virtue of this notice, please understand that you may not be eligible for unemployment insurance benefits drawn on school district wages during any scheduled school breaks including, but not limited to, the summer, 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 (e.g., lack of school funding, natural disasters, pandemics, court orders, public insurrections, war, etc.).

Please understand that this is not an employment contract. Your continued employment is on an at-will basis. Employers may terminate at-will employees at any time for any reason, or for no reason, with the exception that it cannot be for a legally impermissible reason. In addition, at-will employees are free to resign at any time for any reason, or for no reason. And please know that your failure to electronically sign this letter will be treated as an involuntary resignation.

Once again, your services on behalf of the District are appreciated, and we hope that you will be able to continue your association with us.

Sincerely,

A handwritten signature in black ink that reads "David Manley".

David Manley
Assistant Superintendent of Human Resources

Cc: Personnel File

Print Name _____ Date _____

Signature _____ Employee ID _____



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Substitute Handbook Receipt

By my signature below, I acknowledge that I have viewed a copy of the Killeen Independent School District Substitute Handbook on-line at www.killeenisd.org, departments Substitute Center, in the link under Handbook or https://www.killeenisd.org/substitute_center.

I, _____ agree to read or have read the handbook and abide by the standards, policies, and procedures defined or referenced in this document.

I understand I am responsible for all policies and procedures of the district. I will read the district policies and procedures online at www.killeenisd.org.

I understand that I have an obligation to inform the Substitute Center of any changes in my personal information, such as name, address, telephone number and email address. I also accept responsibility for contacting the Substitute Center technicians if I have any questions or concerns or need further explanation.

 Print Name

 Signature of Substitute

 Date



Carmen B. Hankins
 Substitute Center Specialist
 Recruitment and Retention
 Killeen Independent School District
carmen.hankins@killeenisd.org
 office (254) 336-0112/0113
 fax (254) 336-0053



Employee's Withholding Certificate

OMB No. 1545-0074

2022

▶ 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.

Department of the Treasury
Internal Revenue Service

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: 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.

Multiple Jobs or Spouse Works 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 2022 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: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

▶ _____ ▶ Date

Employee's signature (This form is not valid unless you sign it.)

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



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Direct Deposit Authorization

You may have your net payroll check directly deposited into any local or out-of-town financial banking institution. If you choose to have multiple accounts, you may only have one primary account. The secondary accounts will receive funds before the primary account. To use this service, please complete this form for each account added. Please be sure to read the information thoroughly before signing. Once you have completed, read, and signed the form, you **MUST** attach an account card or voided check.

Please return all forms to the Payroll Services office (Sub Center does this). Payroll services will process the forms received by the 10th of the month for the current month's payroll. However, forms received after the 10th are not guaranteed to be processed for the current payroll. Therefore, it is important to verify, whenever starting or changing your direct deposit, that your monies were properly credited to your account.



Attach a voided check or a copy of your account card, either of which must have your preprinted name, account number, and routing number. (Temporary checks or handwritten cards are not acceptable).

 Print Name

 Employee ID Number

 Name of Bank (print)

 Account Number

Check one: () Checking () Savings

With my signature below, I am authoring Killeen Independent School District (KISD) to transfer my monthly or semi-monthly payroll check to the financial institution name above, and I have read and understand the following:

- It is my responsibility to verify with my financial institution that the Direct Deposit funds have been credited to my account.
- The Direct Deposit authorization will remain in effect until you submit a new Direct Deposit Authorization that will supersede this one or a Direct Deposit Cancellation Form. Both forms are available in the Payroll Services office.
- Upon termination of employment with KISD, direct deposit is cancelled, and the final paycheck is mailed to the home address on file. I am responsible for ensuring that my address is correct with the Personnel Office.

 Signature of Applicant

 Date



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	OR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



John Craft, Ed.D.
Superintendent

KILLEEN INDEPENDENT SCHOOL DISTRICT

200 North W.S. Young Drive, Killeen, Texas 76543
P.O. Box 967, Killeen, Texas 76540-0967
(254) 336-0000

February 1, 2019

Re: Killeen Independent School District 3121 FICA Alternative Plan for Substitutes and Temporary Employees

Dear KISD Substitute,

Killeen Independent School District has selected MidAmerica Administrative & Retirement Solutions LLC ("MidAmerica") to provide administrative services for the district's new 3121 FICA Alternative Plan. Effective January 1, 2019, the district will begin to deposit pre-tax contributions of 7.5% into your individual 3121 FICA Alternative account, replacing the previous post-tax Social Security contributions of 6.2%.

Who is MidAmerica?

MidAmerica is a third-party administrator specializing in the administration of health care and retirement benefits for public sector employers. Their job is to process your transaction requests accurately and timely, make sure that the funding for your plan is held properly, and answer any questions you have about your 3121 FICA Alternative account.

What is the 3121 FICA Alternative Plan?

The 3121 FICA Alternative Plan is intended to replace your contributions into Social Security, and instead place them into a meaningful, tax-deferred 457(b) retirement account. Participation in the plan is required for all part-time, temporary and seasonal employees. If you are a member of a state retirement plan, participation in the 3121 FICA Alternative plan is optional, and not required. The funds in your account will earn a market rate of interest, and you are 100% vested in your full account value immediately. Therefore, there is no penalty for withdrawal upon termination of employment, regardless of age.

Investment 101

Your funds are invested in a fixed annuity with American United Life Insurance Company[®] ("AUL"), a OneAmerica[®] company. The fixed annuity is currently earning you a rate of return of 1.3% in 2018, and is guaranteed to never drop below the standard NAIC rate. AUL has an A+ rating with A.M. Best. To learn more about AUL, visit www.oneamerica.com.

How can I view my account balance and transaction history?

After MidAmerica has received your first contribution into the plan, you will be able to log in to your secure online account at www.myMidAmerica.com. Your initial username is your Social Security Number ("SSN") and your initial password is the last four digits of your SSN. If you have questions regarding your plan, please contact MidAmerica at (800) 430-7999 or email accountservices@mvMidAmerica.com. For questions regarding deductions, please contact the Payroll department at 336-0025.



John Craft, Ed.D.
Superintendent

KILLEEN INDEPENDENT SCHOOL DISTRICT

200 North W.S. Young Drive, Killeen, Texas 76543
P.O. Box 967, Killeen, Texas 76540-0967
(254) 336-0000

To: All Eligible Employees
From: Employee Benefits
Subject: Killeen ISD Group MEC Insurance Plan - Year 2021

Killeen ISD is pleased to announce that we continue offering our employees who are not eligible for our traditional health plan a Minimal Essential Coverage (MEC) Medical plan. We have attempted to provide a coverage that is affordable to you in addition to complying with the Health Care Reform. The District will not pay the district or state monthly contribution of \$400.00 for you as a variable hour employee.

This plan covers ONLY the preventive care services required under the Affordable Care Act. It does NOT provide health coverage for sickness or accidents.

The effective date of coverage for the plan year is January 1, 2021. Below are the rates for coverage for the 2021 plan year.

CONTRIBUTION RATES:

	<u>Monthly</u>
Employee Only	\$ 70.00
Employee + Children	\$ 90.00
Employee + Spouse	\$ 90.00
Family	\$90.00

November 5, 2020 through December 5, 2020 will be "Open Enrollment" for all variable hour employees. Annual enrollment is the only time that you will be able to add or delete coverage, change your enrollment status, and/or enroll without having a qualifying event. Please ensure that enrollment forms completed and returned by December 5, 2020 even if you have decided to waive coverage. Please return your completed enrollment form to the Sub-center or Employee Benefits Office.

** Killeen ISD does not provide legal or accounting advice to employees. Please confirm your tax status with your own tax or accounting professional.*

EMPLOYEE

Apex Management Group MEC Enrollment Application



Enrollee Information (All information must be completed to ensure coverage)

Last Name		First Name		MI
Date of Birth	Social Security #		Gender	Marital Status
Date of Hire	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time	Height	Weight
Address Line 1		Address Line 2		
City	State	ZIP	Employer	
Phone	Email			

Coverage & Change Request Information (You may be required to provide proof of the event)

Insurance Requested: New Enrollment Status Change

Coverage level: Employee Only Employee & Spouse Employee & Child(ren) Employee & Family

Plan name: MEC

If changing plans, indicate Qualifying Event: Marriage Divorce Adoption Returning to School Full-Time
 Court Order Other (specify): _____ Date of Qualifying Event _____

Are you currently actively at work and able to perform the duties of your occupation? Yes No

How many hours are you regularly working per week with your current employer? _____ Hours per week

Family Information (Only for those applying for coverage)

First Name & MI (Last if different than employee)	Social Security #	Gender	Height	Weight	Date of Birth
Spouse					
Child					
Child					
Child					

Employee Agreement (Signature required)

I authorize my employer to deduct the necessary contributions toward the benefits I have selected on a pre-tax basis from my pay. I understand that I cannot change the benefits I have selected or revoke this pay deduction authorization before the beginning of the next plan year unless that change or revocation is made on account of, and corresponds with, a change in status, a special enrollment event, or any other event that permits a mid-year change or revocation of elections under the terms of my employer's Section 125 cafeteria plan.

Employee Signature	Date
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If signed by a representative of enrollee, please indicate the representative's authority to act on behalf of enrollee:

Waiver (Only complete this section if you are waiving all coverage)

I am declining coverage for (check all that apply): Employee Spouse Child(ren)

I am declining coverage for the following reason(s): (Check all that apply and note that if you are declining coverage because you have other coverage, you must indicate that on this form. Failure to do so may result in you not being able to exercise special enrollment rights if you lose other coverage).

Covered by a spouse's or parent's group health plan Individual medical plan Not Affordable

COBRA/State Continuation Government Plan (please specify plan name): _____

Other reason: _____

I understand that this waiver may be reported to IRS informing them I have declined the Employer-provided healthcare plan and this may result in fines and repayment of any federal subsidies when selecting insurance through a Health Care Exchange.

Authorization: As an employee, I hereby apply for, or waive (if indicated), group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary.

Employee Signature	Date
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