Please print packet double-sided.

Lampasas Independent School District

Welcome to Lampasas ISD. We appreciate your service to the students of Lampasas ISD. Please refer to the handbook for additional information regarding the substituting process.

Questions concerning substitutes should be directed to the Human Resources office at 207 W. 8th Street, or by telephone at 512-564-2848.

Substitute Application Process

Lampasas ISD uses ReadySub, an online system that sends substitute job notifications by email. Due to viruses and spam, Lampasas ISD blocks Yahoo and AOL e-mail accounts. Please provide an e-mail address other than Yahoo or AOL. Any e-mail sent from Yahoo or AOL address will not be received by the district.

Please read all instructions on this page.

- Contact from Human Resources throughout the process below will be via e-mail.
- ***Please be sure to check the Spam/Junk folder of your e-mail throughout the process.***
- The entire process, from packet submission to activation as a substitute, could take 2-4 weeks to complete.

Substitute applications are accepted
Mondays – Thursdays, from 9AM – 4PM

- If you *have not* been fingerprinted for a school system in Texas, you will need to be fingerprinted. Lampasas ISD will initiate this process with the Texas Education Agency (TEA) and you will receive a link e-mailed to you, to schedule your fingerprint appointment. This is a national background check. *Fingerprinting previously done for an entity other than a Texas school system (such as daycare, real estate license, license to carry, etc.) are not accepted by the Texas Education Agency.*
  - If you *have* been fingerprinted for a school system in Texas, you will not need to be again.
- Complete all forms in the Substitute Application packet and submit the packet **in person** to the Human Resources office. *The Cover Letter, Peanut/Tree Nut, Bloodborne Pathogens handouts, and Substitute Handbook are for your reference, please keep these handouts for your records.*
  - Include a copy of your highest form of education. *GED, high school diploma, unofficial transcript, or teaching certificate.*
  - I-9 Employment Eligibility Verification

    Complete Page 1 only. Do not fill out Page 2 in any way.
  - Bring original forms of identification as required for I-9. *We must see the original forms of ID and cannot accept a copy. An official list of all accepted forms of ID is included with the I-9. This list specifies what forms of ID we can accept, and in what combination. Please read it carefully.*
- Once all above items have been completed and processed, Human Resources will notify you to complete the safety training below and to set up an appointment with Payroll.
  - Complete the interactive online Safety Training located at: www.lisdtx.org → Staff Resources → Staff Training → SafeSchool Training – login is last name first initial or last name first two initials

    If you are unable to access, e-mail Barby Roberts at robertsb@lisdtx.org.
    HR will be notified when complete.

After all information above has been submitted, reviewed, and approved, you will be notified by Human Resources via email with the final step to be activated as a substitute.

Lampasas ISD
Peanut/Tree Nut Safe Campus

Lampasas ISD is a Peanut/Tree Nut Safe Campus. We have numerous students on each campus with life threatening allergies to peanuts and/or tree nuts. In order to provide a safe setting for these students, LISD discourages peanut/tree nut consumption on school grounds. Tree nuts include almonds, pecans, walnuts, cashews, pine nuts, etc.

What does it mean if a child is allergic to nuts?
An allergy to tree nuts can be life threatening. A food allergy is a disease not a choice. Some children with a peanut/tree nut allergy can't eat, smell, or come into contact with any nut products. It is more than just not liking nuts. If a child with a severe allergy accidentally comes in contact with a nut, then they could break out in a rash, having swelling of the face and airways, or could stop breathing. In extreme cases and without medical care, a severe food allergy can be deadly.

What is a Peanut/Tree Nut Safe Campus and how can I help?
Lampasas ISD wants to provide a safe place for all students to go to school. We have made the following changes to keep students with a peanut/tree nut allergy safe.

- Make sure you ask the teacher you are substituting for if any students in the class have a severe food allergy.
- No peanut or tree nut products are served in the cafeteria
- **Everyone** is encouraged to pack peanut/tree nut free snacks and lunches. This includes peanut butter sandwiches, peanut butter crackers, peanuts, almonds, pecans, etc. **If you must bring a nut product to school for lunch or snack, please let your campus nurse know so a plan can be implemented to keep others safe.**
- If you eat a nut product, please brush your teeth and wash your hands so you do not endanger students with a severe allergy.
- Do not bring food to share with students in a classroom. Enforce the no eating or drinking policy in the classroom to keep students safe. Exceptions should be made for students with an Individual Health Plan or Individual Education Plan that allows for food or drinks.
- If you are making food for a school party, please remember the peanut/tree nut policy and leave those items off your food choices.
- Wash your hands after you eat meals and snacks.
- Food allergies are serious. Say "no" to teasing, negative comments, and tricks.

Lampasas Independent School District

*EMPLOYMENT APPLICATION FOR **SUBSTITUTE TEACHER, AIDE, CLERICAL** PERSONNEL*

Return completed application to:
Lampasas ISD, Human Resources Office
207 W. 8th Street, Lampasas, TX 76550
Phone: 512-564-2848

Date: _____

SPECIFIC AREA(S) AND AVAILABILITY

❒ Kline Whitis Elementary (PreK-5)
❒ Hanna Springs Elementary (K-5)
❒ Taylor Creek Elementary (PreK-5)
❒ Day Care
❒ Middle School (6-8) (age 20+)
❒ High School (9-12) (*age 20+)*
❒ Administration (includes DAEP and Technology)

Area(s) you are interested in subbing:

_____ Teacher _____ Paraprofessional (includes aides and clerical) _____ LVN (may require district training)

Are you retired from a school district? ❒ Yes ❒ No
If yes, position held at retirement and date of retirement: _____

Are you retired under Social Security? ❒ Yes ❒ No

PERSONAL DATA

Name of Applicant _____
(Last) (First) (Middle)

Address _____
(Street) (City, State, Zip)

Contact Phone # _____ E-mail Address _____

To help reduce cyber threats through e-mail, LISD has blocked all incoming Yahoo and AOL email. Any e-mail sent from Yahoo or AOL addresses will not be received by the district and will not work with ReadySub.

FORMER EMPLOYERS

FROM		TO		NAME/STREET ADDRESS OF EMPLOYER	LOCATION		TYPE OF WORK
MONTH	YEAR	MONTH	YEAR		CITY	STATE	

EDUCATIONAL BACKGROUND AND SPECIAL SKILLS

Can you communicate, understand and read English? ❒ Yes ❒ No

Do you speak any language other than English? If yes, please indicate which language(s): _____

List the highest level of education attained: _____

Do you have a teaching certificate? ❒ Yes ❒ No

Licenses and certificates granted: _____

REFERENCES

Give the names of two persons not related to you, whom you have known at least one year.

NAME OF REFERENCE	*ADDRESS/PHONE*	*BUSINESS*	*YEARS ACQUAINTED*

Do you have a relative who works for Lampasas ISD or who serves on the School Board? ❒ Yes ❒ No

If yes, please provide the relative's name and relationship:

_____

Can you perform all the essential job function(s) of the position(s) for which you are applying, with or without reasonable accommodation? ❒ YES ❒ NO

List any accommodations:

_____

Are you eligible to work in the United States? ❒ YES ❒ NO

Please note: Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.

Have you ever been arrested, charged or convicted of a criminal offense other than a minor traffic violation? ❒ YES ❒ NO
If yes, explain, giving dates: _____

_____

Please note: A conviction will not necessarily bar you from employment. Facts, such as date of occurrence and rehabilitation will be considered. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Have you ever had any indicated finding of child abuse filed in your name? ❒ YES ❒ NO
If yes, explain, giving dates: _____

_____

Does your name appear on any Sex Offender Database in any state or country? ❒ YES ❒ NO

CERTIFICATION & ACKNOWLEDGMENT

I certify that all of the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I have already been employed, may be grounds for immediate termination. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you. I understand that the district is required by Texas Education Code to review criminal history of applicants.

Educators with TEA Certification

Pursuant to Texas Education Code 21.048(c-1), the results of the certification examinations in the Educator Certification Online System (ECOS) are confidential. I agree to allow Lampasas ISD to view my credentials for the purpose of certification and highly qualified determination if applicable for my position.

SIGNATURE _____ *DATE* _____

SOCIAL SECURITY # _____

This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for twelve (12) months. If you have not received a response during this time period, you may reapply or reactivate your application.

Equal Opportunity Employer Lampasas Independent School District is an equal opportunity employer and does not discriminate against any employee or applicant for employment because of race, color, religion, gender, age, national origin, disability, military status, genetic information, or on any other basis prohibited by law.

The district Title IX Coordinator is the Assistant Superintendent, 207 W. 8th Street, Lampasas, TX 76550, 512-556-6224.

Do you have a relative who works for Lampasas ISD or who serves on the School Board? ❒ Yes ❒ No

If yes, please provide the relative's name and relationship:

_____

Can you perform all the essential job function(s) of the position(s) for which you are applying, with or without reasonable accommodation? ❒ YES ❒ NO

List any accommodations:

_____

Are you eligible to work in the United States? ❒ YES ❒ NO

Please note: Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.

Have you ever been arrested, charged or convicted of a criminal offense other than a minor traffic violation? ❒ YES ❒ NO

If yes, explain, giving dates: _____

_____

Please note: A conviction will not necessarily bar you from employment. Facts, such as date of occurrence and rehabilitation will be considered. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Have you ever had any indicated finding of child abuse filed in your name? ❒ YES ❒ NO

If yes, explain, giving dates: _____

_____

Does your name appear on any Sex Offender Database in any state or country? ❒ YES ❒ NO

CERTIFICATION & ACKNOWLEDGMENT

I certify that all of the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I have already been employed, may be grounds for immediate termination. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you. I understand that the district is required by Texas Education Code to review criminal history of applicants.

Educators with TEA Certification

Pursuant to Texas Education Code 21.048(c-1), the results of the certification examinations in the Educator Certification Online System (ECOS) are confidential. I agree to allow Lampasas ISD to view my credentials for the purpose of certification and highly qualified determination if applicable for my position.

SIGNATURE _____ *DATE* _____

SOCIAL SECURITY # _____

This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for twelve (12) months. If you have not received a response during this time period, you may reapply or reactivate your application.

Equal Opportunity Employer Lampasas Independent School District is an equal opportunity employer and does not discriminate against any employee or applicant for employment because of race, color, religion, gender, age, national origin, disability, military status, genetic information, or on any other basis prohibited by law.

The district Title IX Coordinator is the Assistant Superintendent, 207 W. 8th Street, Lampasas, TX 76550, 512-556-6224.

THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.
Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal 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. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F https://statutes.capitol.texas.gov/.

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.

Optional Only: If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the Crime Records General Information | DPS (texas.gov) *Review of Personal Criminal History* or call 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.

Applicant Signature:	Date:
Sign and date to acknowledge the statement above.	

Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:
Authorized Searcher:
Signature of Authorized Searcher:
Date of Search:

Section 3: Agency use only. Name Based CHRI /CCH Tracking information. Check all that apply.

Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of CHRI stored by agency?	**Reminder: DPS does not recommend storing any part of CHRI.** ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	**Reminder: CHRI must be destroyed after authorized purpose has ended.**
Destruction Method	Explain:

CHRI + Audit Resources (CJIS Launch Pad) link

Lampasas Independent School District

Criminal History Release Form

Confidential

The Lampasas Independent School District is required by state law to obtain criminal history record information on all applicants for employment with the district (Texas Education Code 22.083). Your application for employment will not be considered complete unless the school district has been provided the information requested below. Applicants may be required to obtain and pay for fingerprinting.

> I understand the information I am providing about age, sex and ethnicity will not be used to determine eligibility for employment. I have read and understand the proceeding. I do hereby authorize the Lampasas Independent School District to have complete access to any and all criminal history record information pertaining to me, and I hereby grant permission for the proper law enforcement agencies to release all said criminal history information to the Lampasas Independent School District.

PLEASE PRINT OR TYPE

Name _____
Last First Middle

List any other names you have had _____

Mailing Address: _____

City _____ State _____ Zip _____

Social Security Number _____

Driver License State _____ Driver License Number _____

Date of Birth _____ Male ____ Female ____

Ethnicity _____ White
_____ Black
_____ Other

_____ _____
Signature of Applicant Date

Please complete both sides of this form.

This form will be removed from the application and filed separately in the human resource office.

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. An alien authorized to work until (exp. date, if any) _____

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Morphis, Terry HR Secretary		

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
Lampasas ISD	**207 W. 8th Street Lampasas, Tx 76550**

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

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
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**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, sex, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**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. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole 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.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		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		
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		**12.** Day-care or nursery school record		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

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:

2026-27

Lampasas Independent School District

Acknowledgement of Confidentiality Procedures

As an employee or volunteer of Lampasas ISD, I understand that I may have access to confidential information about students, students' families, and staff. My signature below recognizes and acknowledges that confidential information is to be treated as such as required by board policy, state, and federal law. Any disclosure of confidential information will be made in accordance with applicable board policy and law.

Among the most critical information is documentation related to employee's Personally-Identifiable Information (PII) such as health, benefits, financial, family members, or other personal information. Violators will be subject to discipline, employment termination, and/or may be reported to the appropriate legal authorities. Violations of some protected information, such as health or medical information, is also protected by federal laws, such as HIPPA.

By signing below, I am indicating my understanding of my responsibilities to maintain confidential information and agree to the following:

1. I understand that unless my specific role requires the disclosure of confidential information or the viewing of confidential records, no discussion of confidential information will occur in or out of the workplace.

2. I agree that all discussions, records, and information generated or maintained in connection with my duties will not be disclosed to any unauthorized personnel. Unauthorized personnel includes anyone who does not have an educational or reasonable need to know the information.

3. I understand that any confidential discussion, records, and written information generated or maintained in connection with my duties as a substitute will be maintained in private in a location where other staff, students, parents or the community at large does not have open access to hearing or viewing. The work area should be reviewed at the end of each workday before leaving to ensure that all confidential information has been properly secured.

4. I agree to notify my assigned administrator immediately should I become aware of a breach of the confidentiality of any student or staff member, whether this be on my part or on the part of another person.

5. I understand that a breach of these confidentiality procedures may be grounds for disciplinary action including but not limited to: verbal reprimand, written reprimand, suspension from my duties as determined appropriate and/or termination.

6. I accept the above directives and expectations of Lampasas ISD and will take all steps necessary to ensure that the confidentiality of all district records is maintained.

Print Name: _____ Date: _____

Signature: _____

Please complete both sides of this form.

Lampasas Independent School District *2026-27*

Employee Handbook Receipt

The LISD Employee Handbook is available on the school district's web-site, www.lisdtx.org. A printed copy is available in the Human Resources office. I agree to read the handbook and to abide by the standards, policies, and procedures defined or referenced in the handbook for Lampasas Independent School District. The information in this handbook is subject to change. I understand that changes in the district policies may supersede, modify, or render obsolete the information summarized in the handbook. As the district provides updated policy information, I accept responsibility for reading and abiding by the changes. I understand that no modifications to contractual relationships or alterations of at-will employment relationships are intended by this handbook.
I understand that I have an obligation to update any changes in personal information such as phone number, address, etc. through Employee Access. I also accept responsibility for contacting my supervisor or the human resource office if I have any questions or concerns and need further explanation.

Non-School Employment

Employees are required to disclose in writing to their immediate supervisor any outside employment that may create a potential conflict of interest with their assigned duties and responsibilities or the best interest of the district. This includes any private tutoring of district students for pay.

Affordable Care Act

As of January 1, 2014, the Affordable Care Act (ACA) requires you to have health insurance for yourself and your dependents. Signing below states that you have reviewed the "Notice to Employees – Requirements of the Affordable Care Act" document available on the district website under Departments → Finance → Payroll / Benefits → Health Insurance, or contact the Payroll department with any questions.

Electronic Communications System

The Responsible Use Policy is located in the Employee Handbook. Each staff member is responsible for reviewing the Responsible Use Policy every fiscal year. District computer use is not private and the District will monitor activity on the computer system. Staff shall be authorized to access the district's system(s) for job-related purposes only. Use of the system(s) for personal reasons or benefit will result in disciplinary action, up to and including employment termination.

Assignment of Access and Passwords - Access to data systems shall be based on the specific job duties and responsibilities of each staff member. Each staff member shall be responsible for securing their assigned (selected) password. At no time shall passwords be shared with others or posted in visible locations within the staff member's work space. Each staff member shall take appropriate steps to ensure that their respective computer system is managed in a controlled environment to prevent unauthorized access. At no time (including lunch breaks) shall a computer system be logged on to a system while unattended by the respective staff member. All computer systems shall revert to a screen lock after 30 minutes of nonuse. Violators shall be subject to disciplinary action, including but not limited to employment termination.

Revoking Access - Access to data systems are subject to change and/or revocation when changes occur to a staff member's position, duties or responsibilities. Access to data systems are also subject to revocation when a staff member violates the Responsible Use Policy.

By signing below, I am indicating that I have read, understand, and agree to abide by the provisions of the R.U.P. policy and all applicable sections referenced. In consideration for the privilege of using the District's Electronic Communications System, and in consideration for having access to the public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, the system, including, without limitation, the type of damages identified in the District's policy and administrative regulations.

Educators with TEA Certification

Pursuant to Texas Education Code 21.048(c-1), the results of certification examinations in the Education Certification Online System (ECOS) are confidential. I agree to allow Lampasas ISD to view my credentials for the purpose of certification and highly qualified determination if applicable for my position.

Signature: _____ Date: _____

Please complete both sides of this form.

Lampasas Independent School District

207 W. 8th Street
Lampasas, Texas 76550

Phone: (512) 564-2848
Fax: (512) 556-3126

MEMORANDUM

TO: New Employee/Substitute
SUBJECT: **Letter of Reasonable Assurance**
DATE: 2026-27 School Year

This letter provides 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, court orders, public insurrections, war, etc.).

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, except for legally impermissible reasons. At-will employees are free to resign at any time for any reason or for no reason. At-will employees shall be subject to assignment, reassignment, or reclassification at any time during employment.

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

Sincerely,

Whitney Walker

Whitney Walker
Director of Human Resources

Name (Print)	Signature	Date

PRE-EMPLOYMENT OR PRE-SERVICE AFFIDAVIT FOR EDUCATIONAL ENTITIES

Pursuant to Texas Education Code (TEC) §22A.055, a person applying for employment with or who will act as a service provider for an educational entity (school district, district of innovation, open-enrollment charter school, other charter entity, regional education service center, or shared services arrangement) ***must*** *submit, using a form adopted by the agency, a pre-employment or pre-service affidavit.*

The TEC §22A.055 affidavit requirement applies to all prospective employees and to service providers whose roles involve ***direct contact or interaction with students****. The completion of a TEC §22A.055 affidavit is not required for individuals whose job duties do not fall into this category.*

Section 1 – Disclosure of Work History and Consent for Release of Records

	Yes	No
1. Have you previously been employed by or acted as a service provider for, or are you currently employed by or currently acting as a service provider for, a public or private school?	☐	☐
2. Do you consent to the release of your employment records as described below? *Pursuant to TEC §22A.055, a person applying for employment with or who will act as a service provider for an educational entity must consent for release of the person's employment records.*	☐	☐

Section 2 – Disclosure of Investigation or Placement on the Do Not Hire Registry

	Yes	No
3. Have you ever been terminated, non-renewed, or discharged from employment by a public or private school?	☐	☐
4. Have you ever resigned with a public or private school in lieu of being terminated or discharged?	☐	☐

	Yes	No
5. Have you ever been investigated by a law enforcement or child protective services agency for, or charged with, adjudicated for, or convicted of, an offense involving the following conduct described by TEC §22A.051(a)(2)(A), (B), (C), or (D): • abused or otherwise committed an unlawful act with a student or minor, including by engaging in conduct that involves physical mistreatment or constitutes a threat of violence to a student or minor and that is not justified under Chapter 9, Penal Code, regardless of whether the conduct resulted in bodily injury; • was involved in or solicited a romantic relationship with or solicited or engaged in sexual contact with a student or minor; • engaged in inappropriate communications with a student or minor, as defined by board rule; or • failed to maintain appropriate boundaries with a student or minor, as defined by board rule? *Adjudicated and convicted refer to a conviction, plea of guilty or no contest (nolo contendre), probation, suspension, or deferred adjudication.* *Charged refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.*	☐	☐

6. Have you ever been investigated by a licensing authority or had a license, certificate, or permit denied, suspended, revoked, or otherwise sanctioned in this state or another state for conduct described by TEC §22A.051(a)(2)(A), (B), (C), or (D), which is described above?	Yes ☐ No ☐
7. Are you currently the subject of an inquiry, disciplinary action, review, or investigation, by a public or private school, a teacher-licensing agency, a law enforcement agency, or a court in Texas or another state in connection with alleged misconduct?	Yes ☐ No ☐
8. Have you ever been listed on the Texas Education Agency's Do Not Hire Registry under TEC §22A.151?	Yes ☐ No ☐
If you answered **Yes** to any question in Section 2, provide all relevant facts known to you pertaining to the matter, including, if applicable, whether the allegation was determined to be true or false.	

Section 3 – Declaration of Applicant

A person commits an offense, a Class B misdemeanor, if the person fails to disclose information required to be disclosed in this affidavit under TEC §22A.055. Additionally, a determination that an employee or person providing services failed to disclose information required by TEC §22A.055 is grounds for termination of employment or services.

By signing below, I affirm that the information and responses provided in this affidavit are true, complete, and correct to the best of my knowledge.

_____ _____
Name (First, Middle, Last) Date of Birth

_____
Address (House/Unit # and Street Name)

_____ _____
(City, State, Zip Code) County

_____ _____
Signature Date Signed

LISD Substitute Acknowledgment

It is the responsibility of the substitute to read the Substitute Handbook and to be fully informed of the policies contained therein.

Please read and initial beside each question.

1.	When serving in an assignment, the substitute must remember that substituting is a position of public trust. *Confidential information concerning individual students/schools must not be discussed.*	
2.	The dress and grooming of substitutes shall be clean, neat, and in a manner appropriate for their assignments.	
3.	Lampasas Independent School District is a smoke free/tobacco free school district. It is a violation of district policy for anyone including staff or students to smoke, vape, or dip on Lampasas ISD property.	
4.	Maintain a level of discipline in the classroom which is conducive to learning. Firm and fair treatment of all students combined with explicit explanations and directions will prevent many disciplinary problems.	
5.	Lampasas ISD is a peanut/tree nut safe campus. We have students on each campus with life threatening allergies to peanuts and/or tree nuts. In order to provide a safe setting for these students, LISD discourages peanut/tree nut consumption on school grounds. Tree nuts include almonds, pecans, walnuts, cashews, pine nuts, etc.	
6.	Substitutes should not have social media contact, communicate electronically, or share a personal phone number with a student at any time.	
7.	It is important that all substitutes have access to current policies. Employment policies as well as all other district policies are available on the LISD website at http://www.lisdtx.org.	
8.	At no time should a substitute administer medicines to students. Please contact the school nurse or Director of School Health for further information.	
9.	Follow the lesson plans provided by the teacher and maintain the regular routine of the class.	
10.	At the beginning of each substitute teaching day, the substitute must go to the school office and sign in. Make sure the administrative staff is aware of your arrival and departure.	

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

CHAPTER 81, HEALTH AND SAFETY CODE; SUB CHAPTER H

Purpose: The purpose of universal precautions is to eliminate or minimize exposure to blood or other potentially infectious (PIM) body fluids. Treat all blood as potentially infectious. Appropriate barrier precautions should be used to prevent skin and mucous membrane exposure when in contact with blood or bodily fluids of any person.

Exposure Determination: The Texas Department of Health Bloodborne Pathogens Exposure Control Plan requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency. **The following job classifications apply: Nurse, Nurse Aide, and Athletic Trainer.**

Hand washing: Hand washing is an important preventive measure in the spread of disease. Hands and other skin surfaces should be washed after contact with blood or body fluids and after removal of gloves. Hand washing facilities with germicidal soap are provided for employees who incur exposure to blood or other PIM. Hand washing should be done with running water and soap, vigorously scrubbing hands, wrists, between fingers and under nails. Hands should then be rinsed thoroughly, allowing water to run off finger tips. Dry with paper towel, and then use the towel to turn off the faucet.

Sharps: Needles or other sharps such as lancets used to test blood sugar in diabetic students should be disposed of in the sharps container in the nurse's office. The needles should not be recapped or broken. All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements.

Work Area Restrictions: Minimize splashing as much as possible. Do not eat, drink, put in contacts, or apply cosmetics or lip balms in areas with possible exposure.

Personal Protective Equipment: Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood or other PIM. Latex sensitive employees are provided with suitable alternative personal protective equipment. Gloves should be worn only once and then discarded. They are to be replaced as soon as practical when they become torn, punctured, or when their ability to function as a barrier is compromised. Skin breaks or dermatitis should be covered with a bandage under the gloves. Hands should be washed immediately after removal of gloves. Goggles and masks should be worn whenever droplets of blood or other PIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Mucous membranes should be flushed with water immediately if exposure to blood occurs.

Housekeeping: This facility is cleaned and decontaminated with an Environmental Protection Agency (EPA) registered germicide to maintain an antiseptic clean environment at all times. All contaminated work surfaces are decontaminated after any spill of blood or other (PIM) and at the end of the work shift. **Any broken glass is not to be picked up directly with the hands.**

Laundry Procedures: Articles contaminated with blood should be triple bagged and thrown away in a garbage can and have custodian remove it as soon as possible.

Hepatitis B Vaccine: All employees who have been identified as having occupational exposure to blood or other PIM are offered the hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered after bloodborne pathogens training and within 10 working days of their initial assignment to work unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons. Employees receive the vaccine at (State health department, Immunization Clinic, etc.) Employees who decline the Hepatitis B vaccine sign a declination statement. Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

Post Exposure Evaluation and Follow up: When the employee incurs an exposure incident, the employee reports to the Campus Nurse, who will notify the District Nurse. All employees who incur an exposure incident are required to follow the steps as specified in this section:

- Documentation of the route(s) of exposure and the circumstances related to the incident.
- The employee is informed about what potential illnesses can develop and advised to seek early medical evaluation and subsequent treatment.
- The Lampasas ISD District Nurse is designated to assure that the policy outlined here is effectively carried out and maintains records related to this policy.

Training: Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. All employees also receive annual refresher training. This training is to be conducted within one year of the employee's previous training.

Training for employees is conducted by person knowledgeable in the subject matter and includes an explanation of the following:

- OSHA Bloodborne Pathogen Final Rule
- Epidemiology and symptomatology of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- LISD's Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, where to access Plan, etc.
- Procedures which might cause exposure to blood or potentially infectious materials (PIM)
- Control methods which are used at LISD to control exposure to blood or PIM
- Personal protective equipment available at LISD
- Hepatitis B vaccine program at LISD
- Procedures to follow in an emergency involving blood or PIM
- Procedure to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines
- Post exposure evaluation and follow up
- Signs and labels used at LISD
- An opportunity to ask questions with the individual conducting the training

Record Keeping: According to OSHA's Bloodborne Pathogens Standard, medical records are maintained by the Lampasas ISD Director of School Health. According to OSHA's Bloodborne Pathogens Standard, training records are maintained by the Lampasas ISD Safety Coordinator.

Annual Review: This plan will be evaluated regularly by appropriate district staff to ensure compliance in all areas. Additionally, the Lampasas ISD Director of School Health will utilize in Appendix C to evaluate each campus and/or department, as appropriate.

The following job classifications apply:

• Health Services staff members that provide direct health care related services in which blood or other potentially infectious materials (OPIM) or contaminated sharps are present
• Teachers/Aides providing care for handicapped, other health impaired, emotionally disturbed or special needs students
• Staff providing personal care assistance such as toileting, oral care and personal hygiene for students
• Teachers/Aides in classes of Science, Biology, Chemistry or Health Occupation Education
• Teachers/Aides involved in care of Head Start, Pre-K Classes and PREP Program
• Athletic Trainers, Coaches, and PE teachers who provide assistance to students with potential bleeding or OPIM injuries
• Custodians who clean and dispose of body waste from classrooms, first aid rooms or other areas contaminated by blood or other potentially infectious materials
• Plumbers and Building Maintenance employees who work in areas of waste products which can be contaminated by blood or other potentially infectious body fluids
• Bus Drivers who transport medically fragile, other health impaired, emotionally disturbed, or special needs students
• School Resource Officers that deal with injury related emergencies and behavior that may cause exposure to blood or OPIM
• Industrial technology teachers that teach students with possible risk of injury with a potential for bleeding
• Fine Arts/Art Teachers who utilize classroom materials that have the potential to cause a sharps related injury
• Secretaries, office aides or designated person to cover the health clinic when health services personnel are unavailable
• The job descriptions for the above-named employees present potential occupational exposure risks to blood borne pathogens or OPIM. This list is inclusive, but not limited to the employees identified above

Lampasas Independent School District

SUBSTITUTE HANDBOOK

FOR TEACHERS, TEACHING ASSISTANTS, AND CLERICAL

Updated: May 2025

FOREWORD

Welcome to Lampasas ISD. Badger Pride runs deep throughout Lampasas and Lampasas County. We recognize the strong community support for the school district and understand the important role we play in the everyday lives of our students, parents, staff and community.

We appreciate the substitutes in our schools for the support in maintaining the educational programs of the district and the service to the students of Lampasas ISD.

This guide will provide assistance in defining areas of responsibility and will serve as a valuable reference. This guide does not encompass the entire scope of duty of the substitute, nor does it address every question. It is important to remember that the welfare of all students should be of utmost importance at all times.

Questions concerning substitutes should be directed to the Human Resources office at 207 W. 8th Street.

CONTACT INFORMATION

Whitney Walker
Director of Human Resources
walkerwh@lisdtx.org
(512) 564-2847

Terry Morphis, HR Secretary
morphist@lisdtx.org
(512) 564-2848

Sherry Birck, HR Specialist
bircks@lisdtx.org
(512) 564-2846

Lampasas High School (Grades 9-12)
Principal – Paul Weinheimer
Secretary – Julie Ripple
2716 S. Hwy 281, Lampasas, 76550
(512) 564-2314

Lampasas Middle School (Grades 6-8)
Principal – Wes Graham
Secretary – Iva Nuckles
902 S. Broad St., Lampasas, 76550
(512) 564-2536

HUB
DAEP, Warren Scott – 512-564-2960
Technology, Ron Poage – 512-564-2943
207 E. Ave A, Lampasas, 76550

Hanna Springs Elementary (Grades PreK-5)
Principal – Lindsay Duhon
Secretary – Courtney Murray
604 E. Ave F., Lampasas, 76550
(512) 564-2738

Kline Whitis Elementary (Grades PreK-5)
Principal – Leanne Bobo
Secretary – Lori Fry
500 S. Willis, Lampasas, 76550
(512) 564-2660

Taylor Creek Elementary (Grades PreK-5)
Principal – Mark Sheppard
Secretary – Tanja Blackwell
2096 Big Divide Rd., Copperas Cove, 76522
(512) 564-2585

PROFESSIONAL ETHICS OF THE SUBSTITUTE

The substitute shall endeavor to exhibit a positive role in school and public relations.

When serving in an assignment, the substitute must remember that substituting is a position of public trust. *Confidential information concerning individual students/schools must not be discussed.*

Criticism of students, school personnel and school policies should only be made to the principal of that campus in a professional manner.

Do not use your association with the school to inquire about your own or other children.

Substitutes should not have social media contact, communicate electronically, or share a personal phone number with a student at any time.

It is the responsibility of the substitute to read the Substitute Handbook and to be fully informed of the policies contained therein.

GENERAL INFORMATION

District Policies – It is important that all substitutes have access to current policies. Employment policies as well as all other district policies are available on the LISD website at http://www.lisdtx.org

Dress Code – The substitute's appearance should reflect professionalism and good taste.
The dress and grooming of substitutes shall be clean, neat, and in a manner appropriate for their assignments.

Change in Status – Any change in address, telephone number, email address or educational status should be reported to the Human Resources office. Name changes require a copy of the Social Security card.

Accepting a Substitute Assignment – All substitute assignments will be listed on the ReadySub website. Substitutes may access available assignments as soon as a request is posted. Check page 7 of your ReadySub Substitute User Guide for detailed instructions to access ReadySub. If you are not receiving notifications, check your notification preferences in ReadySub and your email Junk/Spam/Clutter folder.

It is good practice to regularly check for open jobs. Check for announcements and new information. Keep your contact information up to date. Good communication depends on having a valid email address.

> *Please note: To help reduce cyber threats through email, LISD has blocked all Yahoo and AOL email. Any email sent to LISD from a Yahoo or AOL email address will not be received in the Human Resources department and will not work with ReadySub.*

Canceling a Substitute Assignment – If a substitute accepts an assignment and later is unable to fulfill it, they **must** cancel the job in ReadySub as soon as possible, so the assignment will show available again in ReadySub and another substitute may fill it. Only accept assignments you know you can fill. Quickly accepting assignments and then cancelling them may affect how often you are requested.

Hours of Duty – Assignments in ReadySub will list the time to report to the respective campus and whether the assignment is for a full or half-day. Half-day assignments are considered to be four consecutive hours and may occur any time throughout the day. Half-day assignments will be paid half of the full day rate. If a substitute leaves campus, she/he should report to the secretary in the main office before leaving and when returning.

Instructional times vary slightly between campuses but are generally 7:55am – 3:30pm. Substitutes should arrive on campus 30 minutes before the beginning of instruction.

If the employee you are substituting for has an assigned duty, the substitute is responsible for that duty, i.e. before or after school, lunch, and bus duty.

Substitute Sign-In and Sign-Out Requirements – At the beginning of each substitute teaching day, the substitute must go to the school office and sign in. Make sure the administrative staff is aware of your arrival and departure.
Please remember that if you are being paid as a full-day substitute, you are to be available to substitute for the complete day. During conference periods, substitutes will need to check in with the secretary to see if there are other positions that need to be filled. Substitutes will be allotted the same lunch time as their assigned teacher.

Failure to sign the substitute time sheet or any other paperwork for LISD with your name as shown on your social security card could complicate and delay the substitute's paycheck.

Payment for Services – All teacher substitutes, certified and non-certified, earn $110 per day. Substitutes are paid semi-monthly.

Substitutes do not receive benefits and do not pay into the Teacher Retirement System. Instead, Social Security is deducted from all substitute checks. (If you are retired and receiving a monthly annuity check from a retirement system, you are not required to make contributions into Social Security. Exemption form is available from the Payroll department.)

Employee Access – Employee Access is available to all active employees of the district including substitutes. Employee Access allows you to view your pay stub, W-2, and much more. Please allow two weeks after paperwork and fingerprinting is complete with HR before accessing this information.

User ID: lastnamefirstinitial
Password: MMDDYYYY (birth date)
(Do NOT click on forgot your login password)

The instruction manual is available on the district website under District > Staff Resources. For your own security, do NOT share your password. If you have any questions or if your user id or password does not work, please contact the payroll department at 512-556-6224 or email buntingw@lisdtx.org

Network Access – Teacher Substitutes will need to contact the campus secretary to get a username and password for access to the school network.

Peanut/Tree Nut Notification – Lampasas ISD is a peanut/tree nut safe campus. We have students on each campus with life threatening allergies to peanuts and/or tree nuts. In order to provide a safe setting for these students, LISD discourages peanut/tree nut consumption on school grounds. Tree nuts include almonds, pecans, walnuts, cashews, pine nuts, etc.

Equal Opportunity and Nondiscrimination – Lampasas ISD is an equal opportunity employer and does not discriminate against any employee or applicant for employment because of race, color, religion, gender, age, national origin, disability, military status, genetic information, or on any other basis prohibited by law.

Annual Renewal Process for Returning Substitutes – Substitutes are required to be renewed annually. Renewal forms will be mailed to substitutes in May of each year. Those interested in returning for the following school year must submit these forms to the Human Resources department in order to be renewed.

If you do not return these forms by the deadline, you may be required to re-apply for substitute employment.

CAMPUS RULES AND REGULATIONS

Phones – The use of cell phones in the classroom is strictly prohibited while students are in the classroom.

Smoking – Lampasas Independent School District is a smoke free/tobacco free school district. It is a violation of district policy for anyone including staff or students to smoke, vape, or dip on Lampasas ISD property.

Drugs – The district prohibits the unlawful distribution, possession, or use of illicit drugs and alcohol on school premises or as part of any district activity. Employees who violate this prohibition shall be subject to disciplinary sanctions. Such sanctions may include referral to drug and alcohol counseling or rehabilitation programs or employee assistance programs, termination from employment with the district, and referral to appropriate law enforcement officials for prosecution.

Name Tags – School campuses require substitutes to wear name tags. This regulation must be followed if you plan to continue as a substitute. Substitute name tags will be issued by the Campus office. You **must** have your name tag visible at all times while you are on campus performing duties for the district.

Parking – Substitutes may need to check with the staff on each campus regarding the appropriate place to park while substitute teaching. In most cases, substitute teachers are allowed to park in the faculty parking area on each campus.

Videos – Substitutes are not allowed to bring videos to the school without approval by the principal. ALL VIDEOS THAT ARE SHOWN AT SCHOOL MUST BE APPROVED BY THE CAMPUS PRINCIPAL.

Computers – Computers are for school use only; no personal use of computers is allowed. Personal tablets, e-readers, and other hand-held computer devices should not be used while substituting.

Books/Novels – While performing duties as a substitute for Lampasas ISD, you should refrain from reading personal novels or books. Reading books from the teacher's classroom library to the students is acceptable.

RESPONSIBILITIES OF THE SUBSTITUTE

General Responsibilities – Arrive promptly at the assigned time and location to receive necessary directions and to assemble materials needed for the day.

Report directly to the main office for instructions regarding classroom responsibilities and duties for each day.

Complete the time sheet. This will ensure proper reporting to the district payroll department of the days employed.

If you must drop a job, give at least 24 hour notice and note the reason in ReadySub.

Check the regular teacher's mailbox for notices or communications.

Perform any special duties assigned to the classroom teacher.

Requests for information on a student or the release of a student from class must be directed to the main office.

Before leaving the campus, notify the school office. If any serious problems have taken place during the day, please leave the information in a note to the teacher and notify the main office. This is good protection for the substitute, the school, and the district.

Instructional Responsibilities – Assume the same responsibilities as a regular classroom teacher for students, equipment, and other assigned materials.

Follow the lesson plans provided by the teacher and maintain the regular routine of the class. IF time permits, the substitute's own innovations may SUPPLEMENT the daily program. You will need to grade written assignments IF requested by the regular classroom teacher. Graded assignments should be left for the regular teacher to review and record.

Leave a summary of work covered in each class and other information pertinent to the teacher. Visit with the principal concerning the advisability of contacting the regular teacher, should the substitute assignment be for more than one day.

Disciplinary Responsibilities – Maintain a level of discipline in the classroom which is conducive to learning. Firm and fair treatment of all students combined with explicit explanations and directions will prevent many disciplinary problems.

Notify a neighboring teacher if assistance is needed from the principal's office when you cannot reach the main office by phone. AT NO TIME SHOULD A CLASS BE UNATTENDED.

Please document information on any student(s) who fail to follow classroom rules of conduct and/or fail to complete assigned work. It is NOT the responsibility of the substitute to make parental contact. It is the responsibility of the regular teacher and the campus administrator.

Administering Medication to Students – Only designated employees can administer prescription medication, nonprescription medication, and herbal or dietary supplements to students. At no time should a substitute administer medicines to students. Please contact the school nurse or Director of School Health for further information.

MANAGING CLASSROOM BEHAVIOR

Be Positive and Professional

* Remember you set the tone.
* Get to know students' names.
* Introduce yourself to the students. Be sure they know your name.
* Interact with students in a professional manner.

Acknowledge Responsible Behavior

* Positive feedback should be age appropriate.
* Avoid embarrassing students.
* Don't be put off by a student who doesn't seem to respond.

Use Consequences Calmly, Consistently, and Immediately

* Use calm redirection.
* Be consistent.
* Reduce the need for students to test and experiment by being consistent.
* Act immediately to solve small problems before they become big problems.

Anticipate: Think Ahead

* Use past experience to anticipate trouble.
* Realize potential problems might occur on the last day before vacations and/or holidays.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

CHAPTER 81, HEALTH AND SAFETY CODE; SUB CHAPTER H

Purpose: The purpose of universal precautions is to eliminate or minimize exposure to blood or other potentially infectious (PIM) body fluids. Treat all blood as potentially infectious. Appropriate barrier precautions should be used to prevent skin and mucous membrane exposure when in contact with blood or bodily fluids of any person.

Exposure Determination: The Texas Department of Health Bloodborne Pathogens Exposure Control Plan requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency. **The following job classifications apply: Nurse, Nurse Aide, and Athletic Trainer.**

Hand washing: Hand washing is an important preventive measure in the spread of disease. Hands and other skin surfaces should be washed after contact with blood or body fluids and after removal of gloves. Hand washing facilities with germicidal soap are provided for employees who incur exposure to blood or other PIM. Hand washing should be done with running water and soap, vigorously scrubbing hands, wrists, between fingers and under nails. Hands should then be rinsed thoroughly, allowing water to run off finger tips. Dry with paper towel, and then use the towel to turn off the faucet.

Sharps: Needles or other sharps such as lancets used to test blood sugar in diabetic students should be disposed of in the sharps container in the nurse's office. The needles should not be recapped or broken. All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements.

Work Area Restrictions: Minimize splashing as much as possible. Do not eat, drink, put in contacts, or apply cosmetics or lip balms in areas with possible exposure.

Personal Protective Equipment: Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood or other PIM. Latex sensitive employees are provided with suitable alternative personal protective equipment. Gloves should be worn only once and then discarded. They are to be replaced as soon as practical when they become torn, punctured, or when their ability to function as a barrier is compromised. Skin breaks or dermatitis should be covered with a bandage under the gloves. Hands should be washed immediately after removal of gloves. Goggles and masks should be worn whenever droplets of blood or other PIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Mucous membranes should be flushed with water immediately if exposure to blood occurs.

Housekeeping: This facility is cleaned and decontaminated with an Environmental Protection Agency (EPA) registered germicide to maintain an antiseptic clean environment at all times. All contaminated work surfaces are decontaminated after any spill of blood or other (PIM) and at the end of the work shift. **Any broken glass is not to be picked up directly with the hands.**

Laundry Procedures: Articles contaminated with blood should be triple bagged and thrown away in a garbage can and have custodian remove it as soon as possible.

Hepatitis B Vaccine: All employees who have been identified as having occupational exposure to blood or other PIM are offered the hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered after bloodborne pathogens training and within 10 working days of their initial assignment to work unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons. Employees receive the vaccine at (State health department, Immunization Clinic, etc.) Employees who decline the Hepatitis B vaccine sign a declination statement. Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

Post Exposure Evaluation and Follow up: When the employee incurs an exposure incident, the employee reports to the Campus Nurse, who will notify the District Nurse. All employees who incur an exposure incident are required to follow the steps as specified in this section:

- Documentation of the route(s) of exposure and the circumstances related to the incident.
- The employee is informed about what potential illnesses can develop and advised to seek early medical evaluation and subsequent treatment.
- The Lampasas ISD District Nurse is designated to assure that the policy outlined here is effectively carried out and maintains records related to this policy.

Training: Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. All employees also receive annual refresher training. This training is to be conducted within one year of the employee's previous training.

Training for employees is conducted by person knowledgeable in the subject matter and includes an explanation of the following:

- OSHA Bloodborne Pathogen Final Rule
- Epidemiology and symptomatology of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- LISD's Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, where to access Plan, etc.
- Procedures which might cause exposure to blood or potentially infectious materials (PIM)
- Control methods which are used at LISD to control exposure to blood or PIM
- Personal protective equipment available at LISD
- Hepatitis B vaccine program at LISD
- Procedures to follow in an emergency involving blood or PIM
- Procedure to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines
- Post exposure evaluation and follow up
- Signs and labels used at LISD
- An opportunity to ask questions with the individual conducting the training

Record Keeping: According to OSHA's Bloodborne Pathogens Standard, medical records are maintained by the Lampasas ISD Director of School Health. According to OSHA's Bloodborne Pathogens Standard, training records are maintained by the Lampasas ISD Safety Coordinator.

Annual Review: This plan will be evaluated regularly by appropriate district staff to ensure compliance in all areas. Additionally, the Lampasas ISD Director of School Health will utilize in Appendix C to evaluate each campus and/or department, as appropriate.

The following job classifications apply:

• Health Services staff members that provide direct health care related services in which blood or other potentially infectious materials (OPIM) or contaminated sharps are present
• Teachers/Aides providing care for handicapped, other health impaired, emotionally disturbed or special needs students
• Staff providing personal care assistance such as toileting, oral care and personal hygiene for students
• Teachers/Aides in classes of Science, Biology, Chemistry or Health Occupation Education
• Teachers/Aides involved in care of Head Start, Pre-K Classes and PREP Program
• Athletic Trainers, Coaches, and PE teachers who provide assistance to students with potential bleeding or OPIM injuries
• Custodians who clean and dispose of body waste from classrooms, first aid rooms or other areas contaminated by blood or other potentially infectious materials
• Plumbers and Building Maintenance employees who work in areas of waste products which can be contaminated by blood or other potentially infectious body fluids
• Bus Drivers who transport medically fragile, other health impaired, emotionally disturbed, or special needs students
• School Resource Officers that deal with injury related emergencies and behavior that may cause exposure to blood or OPIM
• Industrial technology teachers that teach students with possible risk of injury with a potential for bleeding
• Fine Arts/Art Teachers who utilize classroom materials that have the potential to cause a sharps related injury
• Secretaries, office aides or designated person to cover the health clinic when health services personnel are unavailable
• The job descriptions for the above-named employees present potential occupational exposure risks to blood borne pathogens or OPIM. This list is inclusive, but not limited to the employees identified above