

Acknowledgement and Assurances

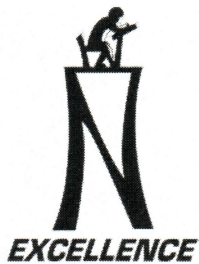
- I understand that I will not receive a printed copy of the NISD Substitute Employee Handbook.
- I understand that I have access to the NISD Substitute Employee Handbook via the Internet, and I know how to access the Substitute Handbook whenever I have a need or a desire to do so.
<https://nisd.net/employees/department/administration/documents/applications>
- I agree to read the Substitute Handbook when it becomes available online and abide by the standards, policies, and procedures defined or referenced in it.
- I understand that the information in this Substitute Handbook is subject to change; and I understand that changes in district policies may supersede, modify, or eliminate 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 relationships are intended by the handbook.
- I understand that I have an obligation to update my personal information, such as phone number, address, etc. through Employee Self Service.
- I also accept responsibility for contacting the Human Resources Department or the Substitute Office if I have questions or concerns or need further explanation of any information contained in the Substitute Handbook.
- I understand that as a Substitute employee, I will be assigned a District email address and will have access to District computers for teaching purposes.
- I will set up my NISD Network account as soon as possible and will check my emails on a regular basis.
- I understand that if I do use a District computer, my computer use is not private and that the District will monitor my activity on the computer system when utilizing either a District-provided computer and/or a personal laptop.
- I understand that by clicking on the "I Accept" button online that I agree to all of the assurances listed above.

NAME (PRINT)

EMPLOYEE NUMBER

EMPLOYEE SIGNATURE

DATE



Emergency Contact Information Form

In the event that you are involved in an accident or other emergency, it is important that we have on file the name (s) of the person (s) you would want us to contact. Please complete the following information.

Your name: _____
Last First Middle Initial

Home Ph. #: _____ Cell Ph. #: _____

Last 4 digits of Social Security Number: _____

Primary person to be notified:

Name: _____ Relationship: _____

Home Ph. #: _____ Cell Ph. #: _____

Secondary person to be notified if the first person cannot be reached:

Name: _____ Relationship: _____

Home Ph. #: _____ Cell Ph. #: _____



Jenna's Law – Child Abuse Training

Name (PLEASE PRINT): _____

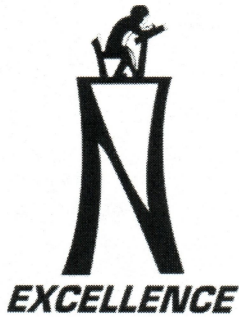
Campus/Dept.: _____ **SUBSTITUTE** _____

Last 4 of Social Security #: _____

I acknowledge receipt of the Jenna's Law Child Abuse Protocol Training during my New Employee Orientation and will abide by the policies and procedures discussed.

Employee Signature: _____

Date: _____



Safety & Security at Campuses

NAME: (PLEASE PRINT) _____

CAMPUS/DEPT: SUBSTITUTE _____

SOCIAL SECURITY #: _____

I acknowledge receipt of the Safety & Security training through the Online Substitute Orientation I completed. I will abide by the policies and procedures covered in the training.

EMPLOYEE SIGNATURE: _____

DATE: _____

NORTHSIDE INDEPENDENT SCHOOL DISTRICT
Employee Notification of Workers' Compensation Coverage

The Northside Independent School District (NISD) provides all employees with workers' compensation coverage for work-related injuries that occur in the course and scope of employment. The District is self-insured for this benefit and utilizes the services of a qualified claims servicing contractor to administer benefits.

New employees: You may elect to retain your common law right of action if, no later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained workers' compensation insurance coverage, you notify your employer in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

REPORTING PROCEDURES

District procedure requires employees to report all injuries within 24 hours to their immediate supervisor. State Law allows 30 days. Employees should speak with their immediate supervisor or administrator to complete the injury report.

If the injury results in the absence of 1 **day or more** of work, the employee must immediately notify both his/her supervisor and the Risk Management Office. For those employees who lose more than 7 days of work, Workers' Compensation benefits will be paid in accordance with State Law and the Division of Workers Compensation administrative guidelines. (Refer to your Employee Handbook) For more information, call 210-397-8720.

PENALTY FOR FRAUD

Fraud is punishable by prosecution from the district attorney as a criminal act and by administrative penalty from the Division of Workers Compensation up to \$10,000. Fraud is committed if a person, with intent to obtain or deny payment of workers' compensation benefits, knowingly or intentionally:

- Makes a false or misleading statement;
- Misrepresents or conceals a material fact;
- Fabricates, alters, or conceals or destroys a document;
- Conspires to commit one of the above three acts.

EMPLOYEE ASSISTANCE

The Division of Workers Compensation provides free information about the workers' compensation claim process. The Division of Workers' Compensation Staff will explain your rights and responsibilities under the Workers' Compensation Act and assist in dispute resolution. Call 210-593-0070 or 1-800-252-7031.

SAFETY HOTLINE

The Division of Workers Compensation has established a 24-hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division of Workers' Health and Safety at 1-800-252-7031.

MY SIGNATURE VERIFIES THAT THE ABOVE INFORMATION REGARDING WORKERS' COMPENSATION COVERAGE HAS BEEN EXPLAINED IN FULL DETAIL.

PRINT:

Employee Name (Print)

Employee Number

Employee Signature

Date

Northside Independent School District

Hazard Communication Program for New Employees

I certify that I have received information regarding the NISD Hazardous Communication (Haz-Com) Program.

1. Written Haz-Com Program is maintained by the NISD Environmental Coordinator and available upon receipt.
2. Training is provided for new employees and periodically thereafter for employees who work with chemicals. If my job requires me to work with chemicals, I will receive a more in-depth training.
3. A list of chemicals is kept at each location indicating which chemicals are used and where these chemicals are stored. This is available upon request.
4. Safety Data Sheets (SDS) are available at each location. SDS provide information on the makeup of the chemical, proper labeling, proper storage, shipping, steps to take in case of a spill or exposure, First Aid, etc.
5. If an exposure or spill occurs, I understand I must report it to an administrator immediately.
6. The majority of chemicals used/stored are located in the Custodial Department, Food Service Department (kitchen) and Science Labs.

I understand and agree to abide by the procedures specified above:

Print Employee Name

Employee #

Employee Signature

Date

**SouthWest Medical Provider Network
Acknowledgement**

I have received information that tells me how to get health care under workers' compensation insurance.

If I am hurt on the job, and live in the service area, described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The Employer/Carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill, if I get health care from someone other than a network doctor, without network approval.

(Signature)

(Date)

(Printed Name)

(E-Number)

I live at _____

(Street Address)

(City)

(State)

(Zip Code)

Name of Employer _____

Northside ISD

TAC Rule 1061

Although I do not live within the network's service area, I still choose to participate in the network established by carrier.

(Signature)

(Date)

Name of Network: South West Medical Provider Network

Please sign and return signature page only.