



Employee Acknowledgements

Individual Information:

First Name _____ Last Name: _____

Preferred Name/Nickname: _____ (Optional)

Staff Directory Information:

In accordance with Texas Government Code 552.022, the name, sex, ethnicity, salary, title, and dates of employment of each employee of Waco ISD is public information. You may choose not to allow public access to your home address, home telephone number, personal cellular phone number, and information that reveals that you have family members in accordance with Texas Government Code 552.024 and various Texas Attorney General rulings.

I understand that, as an employee of Waco ISD, certain personal information is, by law, public information.

- I choose **to allow** my personal information to be made available to the general public.
- I choose **not to allow** my personal information to be made available to the general public.

Initials: _____

Employee Service Records:

A Teacher Service Record is the official document used to record years of service claimed for salary increment purposes. Districts are required to provide service records within 60 days of the request (TEC 21.4031). An employee will receive retro pay adjustment upon receipt of service records if received within 60 calendar days. An employee will not receive retro pay if their service records are not received within 60 calendar days from employment start date.

Initials: _____

Computers and Networks Agreement:

I understand the WISD Acceptable Use Guidelines for Computers and Networks. I will abide by them in letter and spirit, and understand that violating them will result in disciplinary action by the school, up to and including termination. I understand and agree that WISD may without charge and without limitations, reproduce, display, or use any product, literary materials, or document or part thereof developed by the undersigned as a WISD staff member in whole or in part using WISD computer equipment or technology in whole or in part. I also understand that WISD does not warrant that computers or networks will be error-free or uninterrupted; nor shall it be liable for any direct or indirect, incidental, or consequential damages (including lost data, information, or profits) sustained or incurred in connection with the use, operation, or inability to use the system.

Initials: _____

Employee Policies:

I am aware that copies of employment policies and policies related to student discipline/code of conduct are located in the office and teachers' lounge of each campus. I am also aware that I may access all board policies via the web at www.wacoisd.org, and click on the link to **Information**, then on **WISD Policy Online** on the left hand side of the **Information** page. I agree that the school district has fulfilled its obligation to provide me with access to district policies. I may call the Human Resources Office if I need further explanation regarding policies.

Initials: _____

Benefits Enrollment Acknowledgement:

I affirm that I have received information about the Waco I.S.D. New Employee Benefits plan, Employee Benefits Handbook and Notice of Privacy Practices. I understand my medical and supplemental insurance products will become effective on the first day of the month following my hire date. I understand health (medical) insurance enrollment form and a group life insurance enrollment form must be received within 30 days from my hire date. If I do not wish to enroll in district benefits I must complete the group waiver application. I understand that I will lose my eligibility to participate in any of the insurance plans if my elections are not received by the Benefits Office within 30 days from my employment date. I understand I have the option to pre-tax most of the insurance premiums, but some plans do not qualify for pre-tax deductions. I understand Waco ISD deducts premiums one month in advance. This may result in additional premiums being deducted from my first paycheck following enrollment. I understand that if I have a qualifying event, (birth, marriage, divorce, loss of coverage, death), I must contact the Benefits Department within 30 days of the qualifying event to make changes to my benefits. Failure to do so will result in an inability to change benefits until the next open enrollment period.

Initials: _____

Non Discrimination Statement

The Waco Independent School District (District) as an equal opportunity educational provider and employer does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or genetic information in educational programs or activities that it operates or in employment matters. The District is required by Title VI and Title VII of the Civil Rights Act of 1964, as amended, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, as amended, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, as well as Board policy not to discriminate in such a manner.

For information or complaints regarding compliance with the nondiscrimination requirements of Title IX, contact Waco ISD Executive Director of Human Resources at 254-755-9473 and/or Waco ISD Director of Athletics, at 254-745-2250. For information or complaints regarding compliance with the nondiscrimination requirements of Title VI and Title VII, as amended, contact Waco ISD Executive Director of Human Resources at 254-755-9473. For information or complaints regarding compliance with the nondiscrimination requirements of Section 504 or the Rehabilitation Act of 1973, as amended, contact Waco ISD Section 504 Coordinator at 254-755-9473 or; P.O. Box 27, Waco, TX, 76706