

**2021 – 2022**  
**Employee Acknowledgements**  
**and Training Certificates**



**Please return the following items to the office:**

1. \_\_\_\_\_ Authorization for Release of Personal Information
2. \_\_\_\_\_ Emergency Contact Information
3. \_\_\_\_\_ Code of Ethics for Doss CCSD Employees
4. \_\_\_\_\_ Doss CCSD Employee Handbook Receipt
5. \_\_\_\_\_ Acknowledgement of Electronic Distribution of Policies
6. \_\_\_\_\_ Doss CCSD Acceptable Use Agreement
7. \_\_\_\_\_ Camera Surveillance Acknowledgement
8. \_\_\_\_\_ COVID-19 Attestation of Screening
9. \_\_\_\_\_ Calendar and Schedule for 2021-2022
10. \_\_\_\_\_ Individual Service Record for 2020-2021
11. **X** Salary Verification for 2021-2022 (complete)

<b>1</b>	<b>DAY...</b>
<b>24</b>	<b>H o u r s...</b>
<b>1,440</b>	<b>m i n u t e s..</b>
<b>86,400</b>	<b>s e c o n d s .</b>

EXHIBIT A

AUTHORIZATION FOR RELEASE OF PERSONAL  
INFORMATION OF EMPLOYEE

Employee's name: \_\_\_\_\_

The Texas Public Information Act allows employees, officials, and former employees and officials to elect whether to keep personal information confidential. Unless you choose to keep it confidential, the following information may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate whether you wish to allow public release of the following information.

**Allow Public Access**

Home address	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Personal e-mail address	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Home phone number	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Personal cell phone number	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Emergency contact information	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Information that reveals whether you have family members	<input type="checkbox"/> No	<input type="checkbox"/> Yes

This form should be completed and signed by the employee no later than the 14th day after the date the employee begins employment or a former employee ends employment.

Employee's signature: \_\_\_\_\_

Date: \_\_\_\_\_



**THE DOSS SCHOOL**  
CONSOLIDATED COMMON SCHOOL DISTRICT

# Emergency Contact Information

**This information is very important in the  
event of an accident or medical emergency.**

Name: \_\_\_\_\_  
Last First MI

Phone:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Primary Emergency Contact Name: \_\_\_\_\_  
Last First

Relationship: \_\_\_\_\_

Phone:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_  
Last First

Relationship: \_\_\_\_\_

Phone:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_

Insurance Information:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please be sure to sign and date this form**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# **Doss Consolidated Common School District**

**11431 Ranch Road 648**

**P.O. Box 50**

**Doss, TX 78618**

Telephone (830) 669-2411

Facsimile (830) 669-2303

<http://dossccsd.org/>

*Since 1884, the Bell Rings On!*

## **Code of Ethics for Doss CCSD Employees**

**As a Doss CCSD employee,**

**I shall promote** the best interests of the District and shall adhere to the Educator's Code of Ethics as approved by State law <sup>1</sup> and outlined in District policies.<sup>2</sup>

**I shall model** and practice the following ethical standards to fulfill my responsibility to the school, students, and community to improve the school:

### **Focus on Students**

#### ***with an Attitude of Success***

- **I will** be guided by what is best for all students of the district.
- **I will** be fair, just, and impartial in all my decisions and actions.
- **I will** create an environment to inspire curiosity and respect tradition.
- **I will** be accountable for academic growth and excellence for all students.

### **Honor in Conduct**

#### ***with Trustworthy Actions and Behaviors***

- **I will make** decisions and prepare instruction based on performance data.
- **I will not** disclose confidential information, yet will communicate with all.
- **I will follow** professional standards of dress and wear jeans only on Friday.
- **I will monitor** and supervise students in class and for all school activities.

### **Integrity of Character**

#### ***through Commitment to Service***

- **I will** be guided by the Doss CCSD district values: love, respect, and serve.
- **I will** be reliable, responsible, and respectful in my service to the district.
- **I will** communicate state and local expectations to students and parents.
- **I will** diligently follow State laws, local policies, and campus procedures.

Name: \_\_\_\_\_ Signature and Date: \_\_\_\_\_

<sup>1</sup> Educators' Code of Ethics: 19 TAC 247.2 (<http://ritter.tea.state.tx.us/sbecrules/tac/chapter247/index.html> )

<sup>2</sup> Doss CCSD DH Legal, Local, and Exhibit ( <https://pol.tasb.org/Policy/Code/509?filter=DH> )

## Employee Handbook Receipt

**Employee** \_\_\_\_\_

I hereby acknowledge receipt of a copy of the Doss CCSD Employee Handbook. I agree to read the handbook and abide by the standards, policies, and procedures defined or referenced in this document.

Employees have the option of receiving the handbook in electronic format or hard copy.

Please indicate your choice by checking the appropriate box below:

- ☐ I choose to receive the employee handbook in electronic format and accept responsibility for accessing it according to the instructions provided.
- ☐ I choose to receive a hard copy of the employee handbook and understand I am required to contact the Doss CCSD school office to obtain a hard copy.

The information in this handbook is subject to change. I understand that changes in district policies may supersede, modify, or render obsolete the information summarized in this document. 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 inform my supervisor or department head of any changes in personal information such as phone number, address, etc. I also accept responsibility for contacting my supervisor or the Administrative Consultant if I have questions or concerns or need further explanation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please sign and date this receipt then bring to the Doss CCSD School Office.***

**ACKNOWLEDGMENT OF ELECTRONIC DISTRIBUTION OF POLICIES**

I hereby acknowledge that I have been offered the option to receive a paper copy or to electronically access at [www.dossccsd.org](http://www.dossccsd.org) . Board policies regarding employment as required under Education Code 21.204(d) and the Board policies regarding student discipline as required under Education Code 37.018. The policies may be found at the Doss website address above or through direct access on the web at <https://pol.tasb.org/Policy/Section/509>.

CAA	Financial ethics
CB	Federal conflicts of interest
CDC	Solicitation of gifts
CK series (U115)	Employee safety practices and crisis management
CQ series(U115)	District computers and electronic communications
CQB (U114)	Cybersecurity
CRD (U115)	Health and life insurance
CY (U115)	Intellectual property and copyright
DAA (U115)	Equal employment opportunity
DBAA (U115)	Criminal history and credit reports
DBD	Conflict of interest
DC series (U115)	Employment practices
DEA series (U114)	Salaries, wages, incentives, and stipends
DEC series (U114)	Employee leaves and absences
DEE	Requirements for expenses reimbursement
DF series (U115)	Termination of employment
DGBA	Process for employee complaints and grievances
DH (U114)	Employee standards of conduct
DHE (U115)	Alcohol/drug screening and other searches of employees
DI	Drug-free workplace
DIA (U115)	Freedom from discrimination, harassment, and retaliation
DK	Assignment to positions; transfers
DN series (U114)	Employee evaluation/appraisal
GBA series (U114)	Confidentiality of personnel records; public and nonpublic

**I have chosen to: (check one)**

- ☐ Receive a paper copy of the policies.
- ☐ Accept responsibility for accessing the policies through an accessible District computer and printer.

I understand that if I have any questions regarding these policies, I should direct those questions to the Administrative Consultant at 830-669-2411 or at school.

**Employee Signature and Date** \_\_\_\_\_

## DOSS CONSOLIDATED COMMON SCHOOL DISTRICT

### INTERNET ACCESS AND COMPUTER USAGE POLICY

#### EMPLOYEE AGREEMENT AND RELEASE FORM

**I have read** the Doss Consolidated Common School District Technology Usage policy, administrative regulations, and netiquette guidelines and agree to abide by their provisions.

**I understand** that violation of these provisions may result in disciplinary action taken against me, including but not limited to suspension or revocation of my access to District computers and technology, and discipline, up to and including termination of my employment from the District.

**I understand** that my technology usage is not private and that the School District may monitor my use of District technology, including but not limited to accessing browser logs, e-mail logs, and any other history of use. I consent to District interception of or access to all communications, I send, receive or store using the District's technology resources, pursuant to state and federal law, even if the District's technology resources are accessed remotely.

In consideration for the privilege of using the District's Electronic Communication and Data Management 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 any use of, or in ability to use, the system, including, without limitation, the type of damages identified in the District's Acceptable Use Policy and its other policies and administrative regulations relating to the system. **In addition, I acknowledge** being aware of the District's monitoring of electronic mail and other forms of electronic communications, and I expressly consent to such monitoring.

**I understand** I am responsible for any unauthorized costs arising from my use of the District's technology resources. I understand that I am responsible for any damages I incur due to my use of the District's technology resources. I have read and understand the above information about appropriate use of the computer network at the Doss Independent School District and I understand that this form will be kept on file at the school for the duration of my employment with the District. I accept the school policies to access the computers and network as outlined above.

Additional disciplinary action may be determined in line with existing school rules regarding inappropriate language or behavior.

Employee Name (Print) \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Board of Trustees**  
**Cecil Crenwelge**  
Board President  
**Anna Sattler**  
Vice President/Treasurer  
**Andrea Chupik**  
Secretary  
**Evan Tune**  
Trustee



**Mission:**

**Doss CCSD will**  
create and sustain  
an environment to  
*inspire curiosity,*  
*respect tradition,*  
and *embrace excellence.*

**District Values:**  
*Love, Respect, Serve*

## 2021-2022 Doss CCSD Surveillance Monitoring Notice

**Dear Employees:** The Board of Trustees always has the safety and security of employees and students foremost in our priorities. Because of this, and in regard for being as prepared as possible, Doss CCSD has recently installed a series of security cameras on and around our campus and on the bus. The main objective of these cameras is to ensure the safety of our students and employees, but they can also be used to monitor behavior, as needed. We believe that these cameras are in the best interest of everyone at Doss CCSD. Below is a mandatory notice that we are required by law to send to all employees and students. If you have any questions, you may contact the school office at 830.669.2411. Please sign and date the acknowledgement below for our records! **Thank you!**

**NOTICE TO STUDENTS AND EMPLOYEES AND GUARDIANS  
REGARDING VIDEO RECORDING MONITORING FOR SAFETY AND SECURITY**

Please be advised that Doss CCSD has installed video recording equipment on District property to monitor safety and security of district students and employees. The video recordings may be used to monitor student behavior for safety purposes and to assist in maintaining order.

Under the Texas Education Code, the District may make a videotape of a student if the recording is to be used for the purposes of safety, including the maintenance of order and discipline in common areas of the school or on school buses.

The District will soon post notification signs around the school. Students and employees will not be notified when a recording device has been turned on or off. The Administrative Consultant will review recordings as needed and will document any evidence of student or employee misconduct.

A student found in violation of the Student Code of Conduct will be subject to appropriate discipline. Recordings will be treated as protected student records under the Family Educational Rights and Privacy Act (FERPA). The following guidelines will apply:

1. Recordings will remain in the custody of Doss Consolidated Common School District.
2. Employees or guardians who wish to view a recording in response to disciplinary action taken against a student may request access under the procedures set out by law. [ FL(LEGAL) ]

**Doss CCSD Surveillance Monitoring Notice: Employee Acknowledgment – 2021-2022**

I understand and acknowledge the District's procedures concerning video recording equipment on District property.

I also understand that \_\_\_\_\_ (employee name), will be held accountable for his or her conduct.

Printed Name of employee \_\_\_\_\_

Signature of employee \_\_\_\_\_

Date Acknowledgment signed \_\_\_\_\_

**Please sign acknowledgement and return to the office!**



**Doss Consolidated Common School District**  
**COVID-19 Self Screening Form for District Employees**

Due to the COVID-19 pandemic, and in an attempt to minimize the spread of the virus, the District is required to screen all employees working at the District. In order to be granted access to District facilities to perform your work duties, all employees must self-screen for COVID-19 symptoms before coming onto campus each day. Employees are required to take their own temperature. Teachers and staff must report to the District if they themselves have COVID-19 symptoms or are lab-confirmed with COVID-19, and, if so, they must remain off campus until they meet the criteria for re-entry as noted below. Additionally, they must report to the District if they have had close contact with an individual who is lab-confirmed with COVID-19, as defined at the end of this document, and, if so, must remain at home until the quarantine period has passed. Employees are expected to take precautions to comply with District protocol and State and local orders related to COVID-19 to limit exposure to COVID-19. This form acknowledges that you understand and will comply with these requirements. By signing below, I, \_\_\_\_\_, hereby affirm that:

1. While on District property I will maintain a minimum of 6 feet of separation from any other individuals not within my household and wear a mask at all times.
2. I will take my temperature before coming to the District each day and confirm that I do not have a temperature over 100 degrees. I further attest that I will conduct a self-screen before reporting to duty and entering District property, to confirm that I do not have any of the known symptoms of COVID-19, in a way that is not normal for me, including:
  - Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
  - Loss of taste or smell
  - Cough
  - Difficulty breathing or Shortness of breath
  - Fatigue
  - Headache
  - Chills or Sore throat
  - Congestion or runny nose
  - Shaking or exaggerated shivering
  - Significant muscle pain or ache
  - Diarrhea, Nausea or vomiting
  - Other symptoms that may be identified by TEA or the CDC
3. I also will confirm daily that in the past 14 days I have not been in close contact with any person who is lab-confirmed with COVID-19.

I also understand that it is recommended that I follow the minimum standard health protocols issued by the Texas Department of State Health Services and cited by the Texas Governor in his Executive Orders related to the pandemic. For clarity, close contact as defined by TEA is evolving and should be determined by an appropriate public health agency. In general, close contact is defined by TEA as:

- a) being directly exposed to infectious secretions (e.g., being coughed on); or
- b) being within 6 feet for a cumulative duration of 15 minutes; however, additional factors like case/contact masking (i.e., both the infectious individual and the potential close contact have been consistently and properly masked), ventilation, presence of dividers, and case symptomology may affect this determination.

Either (a) or (b) defines close contact if it occurred during the infectious period of the case, defined as two days prior to symptom onset to 10 days after symptom onset. In the case of asymptomatic individuals who are lab-confirmed with COVID-19, the infectious period is defined as two days prior to the confirming lab test and continuing for 10 days following the confirming lab test. Individuals are presumed infectious at least two days prior to symptom onset or, in the case of asymptomatic individuals who are lab-confirmed with COVID-19, two days prior to the confirming lab test.

By signing below, I am affirming that I will truthfully agree to self-screen on a daily basis prior to going onto District property and that if any of the answers to the questions outlined in 1, 2 and 3 above are in the affirmative/yes, that I will notify Pam Seipp at (830) 669-2411 or [pseipp@doss.txed.net](mailto:pseipp@doss.txed.net) immediately as required by District procedures.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# 2021-2022

# Doss CCSD

# School Calendar

July 2021						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 2021						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

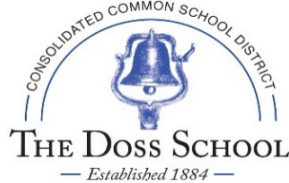
September 2021						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October 2021						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November 2021						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December 2021						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

July	
2	District Closed
5-9	District Closed
16	District Closed
23	District Closed
30	District Closed



August	
3-19	Staff Development
23	First Day of School/Beginning of 1st Cycle
27	Holiday/Gillespie Co Fair

## Student Daily Schedule:

7:55 a.m. - 3:30 p.m. (455 minutes)  
7:55 a.m.-12:30 p.m. (275 minutes)

September	
3	Early Release/Staff Development
6	Holiday/ Labor Day
24	End of 1st Cycle
27	Beginning of 2nd Cycle

October	
11	Student Holiday/Staff Development
29	Early Release/Staff Development

**District Mission:** Doss CCSD will create and sustain an environment to inspire creativity, respect tradition, and embrace excellence.

November	
5	End of 2nd Cycle
8	Beginning of 3rd Cycle
19	Early Release/Staff Development
22-26	Holiday/Thanksgiving Break

December	
17	End of 3rd Cycle
17	Early Release/Staff Development
20-31	Holiday/Christmas Break

January 2022						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February 2022						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March 2022						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April 2022						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May 2022						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June 2022						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

January	
3	Student Holiday/Staff Development
4	Beginning of 4th Cycle
7	Holiday/Gillespie Co Stock Show

**Regular Day: 7:45 - 4:00**  
**Duty Free Lunch Scheduled**

February	
11	Early Release/Staff Dev
11	End of 4th Cycle
14	Student Holiday/Staff Development
14-18	STAAR Field Test, TEA Required/Assigned
15	Beginning of 5th Cycle

**Signature/Date:** \_\_\_\_\_

March	
14-18	Holiday/Spring Break

Daily Minutes This Academic Year: **76,725**  
Waiver Minutes this Academic Year: **1,990**  
Total Minutes this Academic Year **78,715**  
Required Minimum Yearly Minutes: **75,600**

April	
8	End of 5th Cycle
11	Beginning of 6th Cycle
15	Holiday/Bad Weather Day
18	Holiday/Bad Weather Day

May	
5-13	STAAR Testing, Grades 3 - 8
21	BBQ Fundraiser/Staff Development
26	Early Release/Last Day of School
27	Staff Development
30	Memorial Day

June	
TBA	Academic Camp for Students

**HOLIDAY**  
**STAFF DEVELOPMENT**  
**BEGINNING/END GRADING CYCLES**  
**EARLY RELEASE**  
**STAAR TESTING**