



Sharyland I.S.D.
REQUEST TO CONTRACT A VISITING CONSULTANT (NON-EMPLOYEE)

For Internal Use Only:

Req#: _____

TO BE COMPLETED BY THE INDIVIDUAL REQUESTING CONTRACT APPROVAL

(All required approvals must be obtained one month prior to contract signatures)

Date _____ Campus/Dept. Name _____

Originator _____ Title _____

Name of Meeting/Workshop/Project _____

Date(s) and Time(s) of Services _____

Session Location _____

Number of Hours Each Session _____ Will Consultant be coming for Single Event Multiple Events

Justification for Out-Of-District Consultant _____

Will Consultant be in a location where students may be present Yes No

Who is expected to attend the session *(Select all that apply and make sure proper function codes are used)*

Students (11) Teachers (13) Campus Administrators (23) Central Office Administrators (21) Counselors (31)

Enter quantity of attendees: _____ Students _____ Teachers _____ Campus Admins. _____ Central Admins. _____ Counselors

Consultant Name: _____

Street: _____ City: _____

State: _____ Zip Code: _____ Telephone Number (_____) _____ - _____

Estimated Contract Costs:

<i>PAYMENT WILL NOT BE MADE FROM THIS INFORMATION; CONSULTANT MUST PROVIDE AN INVOICE WITH RECEIPTS</i>	Amount	Account Code
Honorarium _____ days @ _____ per day _____ hours @ _____ per hour	\$	
Lodging	\$	
Private Conveyance: _____ miles @ _____ per mile	\$	
Plane, Bus, Train	\$	
Taxi	\$	
Meals	\$	
Other (explain)	\$	
Total Estimated Costs	\$	

APPROVED:

Principal/Supervisor Signature & Date

Asst. Superintendent Signature & Date

Sharyland I.S.D.
CONTRACT FOR CONSULTANT SERVICES
(To be used to secure services of non-district employee)

Name: _____ Social Security/Tax ID No: _____

Address _____ Credentials _____

Phone _____

Employees of Contractor, that have direct contact with students and are hired after January 1, 2008, must be fingerprinted in accordance with Senate Bill 9. By signing this agreement, contractor attests that they have conducted necessary fingerprinting in accordance with Senate Bill 9 for its employees.

To the best of my knowledge, the above information is accurate and no conflict of interest is involved in the contractual agreement.

Either party for any reason may cancel this contract by written notice; the consultant fee to be paid shall be the fee earned on a pro rata basis as of the date of cancellation.

Consultant Signature: _____
Title: _____
Date: _____

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Sharyland ISD Approved:

Assistant Superintendent _____
Signature & Date

All Professional Staff Development - Approval Required by Assistant Superintendent of C & I

All Others - Approval Required by Assistant Superintendent of Business, Finance & Student Services



Sharyland Independent School District

1106 N. Shary Road, Mission, Texas 78572-4652

<http://www.sharylandisd.org>

Phone: (956) 580-5200

Independent Consultant/Vendor/Contractor

Introduction: Texas Education Code Chapter 22 requires an independent consultant who provides services to a school district to submit to a criminal history review if the independent consultant will have continuing duties related to the contracted services and direct student contact. Each independent consultant must certify with the District that the consultant has complied.

A covered independent consultant with a disqualifying criminal history is prohibited from serving at a school district or any Center workshop. The following offenses are disqualifying if, at the time of the offense, the victim was under 18 or enrolled in public school: (a) a felony offense under Title 5, Texas Penal Code; (b) an offense for which a defendant is required to register as a sex offender under Chapter 62, Texas Code of Procedure; or (c) an equivalent offense under federal law or the laws of another state. The center reserves the right to designate other convictions or other criminal history information as disqualifying.

I certify that I have obtained all required criminal history record information regarding myself through the Texas Department of Public Safety's Fingerprint-based Applicant Clearinghouse of Texas (FACT). I further certify that I do not have a disqualifying criminal history. I agree to notify Sharyland ISD in writing within 3 business days if I am arrested or adjudicated for disqualifying reason during the contract term.

I agree to provide Sharyland ISD, upon request, my full name and other requested information so that Sharyland ISD may obtain my criminal history record information. I understand that the school district may terminate my services at any time if the District determines, at its sole discretion, that my criminal history is not acceptable.

Noncompliance or misrepresentations regarding this certification may be ground for contract termination.

Print Name

Date

Signature



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Consultant Employees

Introduction: Texas Education Code Chapter 22 requires entities that contract with school districts to provide services to obtain criminal history record information regarding covered employees. Consultants must certify with the district that they have complied. Covered employees with disqualifying criminal histories are prohibited from serving at a school district.

Definitions: Covered employees: Employees of a consultant who have or will have continuing duties related to the service to be performed at the District and have or will have direct contact with students. The District will be the final arbiter or what constitutes direct contact with students.

Disqualifying criminal history: Any conviction or other criminal history information designated by the District one of the following offenses, if at the time of the offense, the victim was un 18 or enrolled in a public school: a felony offense under Title 5, Texas Penal Code; (b) an offense for which a defendant is required to register as a sex offender under Chapter 62, Texas Code of Criminal Procedure; or (c) an equivalent offense under federal law or the laws of another state.

On behalf of _____ ("Consultant"), I certify that {check one}:

{ } None of the employees of Consultant are covered employees, as defined above. If this box is checked, I further certify that Consultant has taken precautions or imposed conditions to ensure that the employees of Consultant will not become *covered employees*. Consultant will maintain these precautions or conditions throughout the time the contracted services are provided.

Or

{ } Some or all of the employees of Consultant are covered employees. If this box is checked, I further certify that:

- (1) Consultant has obtained all required criminal history record information regarding its covered employees. None of the covered employees as a disqualifying criminal history.
- (2) If consultant receives information that covered employee subsequently has a report criminal history, Consultant will immediately remove the covered employee from contract duties and notify the District in writing within 3 business days.
- (3) Upon request, Consultant will provide the District with the name and any other requested information of covered employees so that the District may obtain criminal history record information on the covered employees.
- (4) If the District objects to the assignment of a covered employee on the basis of the covered employee's criminal history record information, Consultant agrees to discontinue using that covered employee to provide services at the District.

Noncompliance or misrepresentation regarding this certification may be ground for contract termination

Print Name

Date

Signature



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Criminal History Information Form

CONFIDENTIAL

Sharyland ISD is required by Texas Education Code Chapter 22, Subchapter C and Texas Education Code Chapter 22.083 to review the criminal history of applicants, employees, independent contractor's student teachers, and certain volunteers. The information requested below is necessary to obtain criminal record information.

Full Legal Name _____ Phone Number _____

Date of Birth _____ Social Security Number _____

Driver's License / Identification Number _____ Issuing State _____

Mailing Address _____

Gender Male Female

Ethnicity: Black White/Other

I understand that the information I am providing about age, sex and ethnicity will not be used to determine eligibility for employment, or internship but will be used *solely* for the purpose of obtaining criminal history record information.

I have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply. Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine. For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$44.20 to the fingerprinting service company, L1 Enrollment Services. Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain of file by the agency and is required for future DPS Audits)

Signature of Applicant or Employee

Date

Sharyland Independent School District
Agency Name

Agency Representative Name

Signature of Agency Representative

Date

Please Check and Initial each Applicable Space

Check and Initial each Applicable Space

CCH Report Printed: Yes No Initial _____

Purpose of CCH: _____

Hired Not Hired: _____ Initial _____

Date Printed: _____ Initial _____

Destroyed Date: _____ Initial _____

RETAIN IN YOUR FILES

Revised 82021js

SHARYLAND INDEPENDENT SCHOOL DISTRICT

**TEXAS DEPARTMENT OF PUBLIC SAFETY
BACKGROUND CHECK REQUEST**

CONSULTANT/CONTRACTOR/VENDOR

NAME OF INDIVIDUAL: _____

COMPANY: _____

TYPE OF SERVICE: _____

EVENT: _____

CAMPUS: _____

EXACT DATE(S) OF EVENT: _____

CONTACT NUMBER(S): _____

Will individual have DIRECT contact with students? Yes No

Has copy of Driver's license been provided & attached? Yes No

Has individual ever been fingerprinted and entered into the TX DPS FACT Clearinghouse? Yes No

Has the DPS Computerized Criminal History (CCH) Verification form been signed & attached? Yes No

Last four digits of social security number: XXX-XX-□□□□

FOR CAMPUS/DEPARTMENT STAFF ONLY

Requested by: _____

Print Name

Campus/Department

Signature

Date

FOR HUMAN RESOURCES STAFF ONLY

Name Based Subscription

Approved Yes No

SID: _____

By: _____

Subscribed till: _____

Date: _____

By: _____

Date: _____