RECEIVED

MAR 03 2025

Human Resources
Mari Madera

LETTER OF INTENT

FOR TEACHING POSITION

03/03/2025

Jesus A. Costilla, Executive Director for Human Resources
Eagle Pass Independent School District
587 Madison St.
Eagle Pass. TX

Dear Mr. Costilla,

I am writing to express my intent to apply for the position of Bilingual Teacher in Elementary level. With a strong background in education, I believe I am well suited to contribute positively for the academic and personal growth of students.

I have a degree in Bachelor of Arts in Interdisciplinary Studies. I have 3 years of experience working as a Bilingual tutor and I am currently working to complete my Bilingual Certification.

Thank you for considering my application. I am confident that my skills and passion for teaching make me ideal candidate for this role.

Sincerely,

[Signature]

Pamela Bernal
[Print Name]

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

587 MADISON STREET • EAGLE PASS, TEXAS 78852 • (830) 773-5181 • www.eaglepassisd.net

APPLICATION FOR PROFESSIONAL EMPLOYMENT

I. PERSONAL INFORMATION

(PRINT IN INK OR TYPE INFORMATION)
Date of Application: 2/28/25

Date Available for Employment: Immediately available

Name: Pamela Bernal

Social Security/Employee ID: 8909

Address: 1110 5th St apt 4

City: Eagle Pass State: Tx Zip Code: 78852

Home Telephone Number: 830-513-05-05

Business/Office Telephone: _____

Have you ever been employed with EPISD? ☐ No ☑ Yes If so, please list position: Bilingual Aide
Are you currently employed in another school district? ☑ No ☐ Yes If so, Name of District _____
Have you been or are you currently on an employee growth plan? ☐ No ☐ Yes If so, please explain below.
Have you ever been terminated for cause, been asked to resign, had a contract non-renewed, resigned in lieu of non-renewal, left employment involuntarily, been disciplined for inappropriate conduct with a co-worker, student or third party, been placed on disciplinary probation or been suspended from any position? ☑ No ☐ Yes If so, please explain below.
Have you ever held a teacher certificate in any state which was canceled, revoked, or suspended, and or received a sanction from a credentialing or licensing authority? ☑ No ☐ Yes If so, please explain below.
Have you ever left a school district during the school year or left any place of employment for reasons other than medical?
☑ No ☐ Yes If so, please explain below.
Have you ever accepted a transfer or taken any other action to avoid possible disciplinary action against you at any place of employment? ☑ No ☐ Yes If so, please explain below.
Has a co-worker every filed a grievance against you or filed a complaint against you concerning your work or behavior at any place of employment? ☑ No ☐ Yes If so please explain below.
Has a parent or any other person ever filed a complaint against you at any place of employment? ☑ No ☐ Yes If so, please explain below.
Has any person or entity ever stated a complaint, formally or informally, against you at any place of employment?
☑ No ☐ Yes If so, please explain below.
Explanation (attach separate sheet if necessary): _____

Are you a retired employee participating in Texas-TRS? ☑ Yes ☐ No

II. POSITION INFORMATION

Check all positions for which you are applying and are qualified:

☑ Pre K/Kindergarten	☐ High School, Grades 9-12	☐ Counselor	☐ Adult Education Instruct
☑ Elementary, Grades	☐ Vocational _____	☐ Librarian	☐ ABE: _____
☐ Elementary, Bil., Grades	☐ Music: _____	☐ Nurse	☐ GED: _____
☐ Junior High, Grades 7-8	☐ Special Education	☐ ESL/Citizenship: _____	

☐ Other: _____

Check Extra-curricular Activities You Are Qualified and/or are Willing to Sponsor

☐ Year Book/Newspaper ☐ Drill Team/Cheerleader ☐ Drama/Speech ☐ UIL/Academics ☐ Other: _____

III. CERTIFICATION

☐ Valid Texas ☐ Valid Out of State: _____ ☑ None/Degree Only: _____

Write exactly as it reads on your Teacher Certificate/License and provide a copy for the office

********** PROFESSIONAL **********	Date Issued	Date Expired
********** PROVISIONAL/STANDARD **********	Date Issued	Date Expired

For Texas Certified Educators

Have you ever been or are you currently on a permit or one year certificate? ☐ Yes ☑ No

If YES, list the type of permit(s)/one year certificate(s) _____

Have you completed your permit/certificate requirements? ☐ Yes ☐ No

If NO, list what you are pending _____

If you are a recent college graduate, have you taken all required exams (TExES)? ☐ Yes ☑ No

If NO, list what you are pending _____

IV. EDUCATIONAL BACKGROUND

List Colleges and Universities attended

Name of Institution	Location	Dates Attended START/END	Date of Graduation	Type of Degree/Diploma	Major Bachelor/Master	Minor
Sul Ross State University Eagle Pass	3107 Bob Rogers Dr. Eagle Pass Tx	January 2012	May 2016	Bachelor of science in education Bilingual		
SWTJC	3101 Bob Rogers Dr, Eagle Pass Tx 78852	May 11, 2012 May 1, 2014	May 2014	Basics		

Bachelor's Grade Point Average (GPA): Overall _____ Major _____ Minor _____

V. EXPERIENCE

List in order all work experience beginning with most recent. (Attach separate sheet if necessary.)

From Mo/Yr	To Mo/Yr	Name and Address of Employer	Position	Immediate Supervisor	Area Code and Phone Number	Reason for Leaving
Nov 29 2021	present	Benavides Elementary 3107 Bob Rogers Dr. EPTX	Bilingual Aide	Mrs. Garcia	830 758 7006	present
01,01, 2017	Oct 5, 2018	Kids are First Inc	Teacher	Mrs. Maldonado Rosa Vargas	8307580871	school

VI. REFERENCES

Full Name of Reference	School District/Firm Name	Mailing Address	Position/Title	Area Code and Phone Number
Olivia Garcia	EPISD Benavides Elementary	ogarcia@eaglepassisd.net	Principal	830 758 7006
Amy Quevides	EPISD Benavides Elementary	aquevides@eaglepassisd.net	Instructional officer	830 758 1006
Jose Negrete	EP HS	jnegrete2@eaglepassisd.net	Teacher	830 773 2381

The applicant has the responsibility of securing letters of recommendation or references for the Department of Human Resources. Three (3) reference forms are enclosed for your use. You may send a form and a stamped envelope (addressed to the Department of Human Resources, Eagle Pass Independent School District, 587 Madison Street, Eagle Pass, Texas, 78852) to each reference or you may submit the completed reference form personally. If an adequate number of references are available in the college placement file; an applicant with no previous teaching experience may satisfy requirements for recommendations by requesting that his/her file be sent to our Department. Student teachers shall submit a reference from their cooperating teacher as well as from their university cooperating supervisor.

VII. PROFESSIONAL DATA

Please omit references to organizations that would reveal race, age, ethnic origin, or religious persuasion.

Publications /Articles _____

Honors and Achievements _____

Seminars/Workshops conducted _____

Other related professional activities _____

I hereby affirm that all information provided on this form is true and accurate. I also understand that an employment contract based upon information contained on this application which later proves to be false or incomplete shall result in the contract becoming null and void or terminated. Furthermore, it is understood that this form and any other related documents become the property of the District. The District reserves the right to accept or reject any application.

02 Day of 28 20 25

_____
Legal Signature of Applicant

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

587 MADISON STREET • EAGLE PASS, TEXAS 78852 • (830) 773-5181 •www.eaglepassisd.net

RELEASE FORM

I hereby give the Eagle Pass Independent School District (EPISD) permission to access and disclose testing records (TExES, EXcet, or any other certification exam) to the Human Resources staff and any school-based administrators for verification of eligibility of teaching assignment and verification of compliancy with the No Child Left Behind Act. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA: 20 USC 123g; 34CFR §99; commonly known as the "Buckley Amendment") no disclosure of my records can be made without my written consent unless otherwise provided for in legal statutes and judicial decisions. I also understand that I may revoke this consent at any time (via written request to the EPISD) except to the extent that action has already been taken upon this release.

I give the EPISD permission to make inquiries on reference of former employers concerning my performance in the past. This permission form may be attached to request information and I hereby authorize the party receiving this form to give full and complete information of any and all records, transcripts, data sheets, service records, letters of recommendation, police records, criminal history records, etc., as may be requested by the EPISD. I agree that the information requested will not be disclosed to me but will be treated as confidential by the District, and I waive all rights to see this information.

(Please print or type the following information)

Full Name Pamela Bernal SSN [redacted]

Address 1110 5th St Apt #4

City Eagle Pass State TX Zip Code 78852

Signature Pamela Bernal Date

BRIEFLY DESCRIBE YOUR PHILOSOPHY OF EDUCATION

My philosophy of education is that my task as a teacher is to facilitate the development of every child to the maximum. Making every child feel confident and good about him.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF HUMAN RESOURCES

NEPOTISM STATEMENT

School Board Members

Jorge Barrera | Hilda Martinez | Christopher Hiller

Victor E. Perry | Morris Libson | Jaime Barrera | Tomas Gonzalez

I Pamela Bernal, hereby attest or affirm that (check one) ☐ **I am** / ☒ **I am not** related to any member of the Board of Trustees of the Eagle Pass Independent School District, within three degrees of consanguinity (blood relation) or by two degrees of affinity (marriage).

If applicable, please indicate to whom you are related _____

I fully understand that any false information contained here will be just cause for the immediate termination of my employment in this position.

Signature of Applicant _____ Date 3/4/25

These illustrations depict the relationships that violate the nepotism law.

CONSANGUINITY (Blood) Board member is prospective employee's:

First Degree Second Degree Third Degree	Parent Grandparent Great Grandparent	Child Grandchild Great Grandchild	Sister/Brother Aunt/Uncle	Niece/Nephew

AFFINITY (Marriage) Board member's spouse is the prospective employee or
Board member's spouse is prospective employee's or
Prospective employee's spouse is the board member's

First Degree Second Degree	Parent Grandparent	Child Grandchild	Sister/Brother

NOTE: The spouses of two persons related by blood are not by the fact related. The affinity chart supposes only an affinity relationship between the Board member and prospective employee through either of their spouses.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

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EMPLOYMENT REFERENCE

SECTION I. TO BE COMPLETED BY THE APPLICANT;
UPON COMPLETING THIS SECTION, PLEASE FORWARD TO A FORMER SUPERVISOR/INSTRUCTOR.

Applicant's Name: Pamela Bernal Social Security Number: [redacted]

Position for which you are applying: teacher

Olivia Garcia — Reference Name

Supervisor — Title in relationship to applicant

Benavides Elementary — Company/School

830 758 7006 — Telephone Number

AUTHORIZATION STATEMENT

I have applied for employment with the Eagle Pass ISD. I authorize EPISD to collect information, either orally or in writing, pertaining to my past performance and qualifications. I will not hold you or the organization liable for supplying any such information concerning my employment/education. Thank you for your assistance.

Pamela Bernal — Signature

1-16-25 — Date

SECTION II. TO BE COMPLETED BY REFERENCE:
PLEASE RATE THE APPLIANT BY CHECKING THE APPROPRIATE BOX BELOW.

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE / COMMENTS
General appearance, appropriate dress, grooming	☑	☐	☐	
Exercises professional judgment in absences from work	☑	☐	☐	
Accepts constructive criticism and supervision	☑	☐	☐	
Communicates information effectively	☑	☐	☐	
Demonstrates good judgment	☑	☐	☐	
Establishes personal growth and career path	☑	☐	☐	
Effectively diagnosis and addresses situations or conditions	☑	☐	☐	
Displays a practical approach to problem solving	☑	☐	☐	
Inspires cooperation and confidence	☑	☐	☐	
Provides support and assistance when needed	☑	☐	☐	
Is knowledgeable and current infield	☑	☐	☐	
Is receptive to new ideas and changes	☑	☐	☐	

SECTION III. FOR TEACHERS POSITIONS ONLY, PLEASE ANSWER THE FOLLOWING:
PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW.

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE / COMMENTS
Handles matters in a fair and consistent manner	☑	☐	☐	
Communicates student's successes and failures to parents	☑	☐	☐	
Demonstrates knowledge of subject matter	☑	☐	☐	
Demonstrates ability to diagnose and address student needs	☑	☐	☐	
Encourages student performance consistent with abilities	☑	☐	☐	
Uses a variety of instructional methods	☑	☐	☐	
Assigns work which is relevant and purposeful	☑	☐	☐	
Works well as part of an instructional team	☑	☐	☐	

How long have you known the applicant? 3 yrs

Would you recommend the applicant for the position desired? ☑ Yes ☐ No ☐ Not at this time

Signature [signature] Official Position principal Date 1/16/25

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

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EMPLOYMENT REFERENCE

SECTION I. TO BE COMPLETED BY THE APPLICANT;
UPON COMPLETING THIS SECTION, PLEASE FORWARD TO A FORMER SUPERVISOR/INSTRUCTOR.

Applicant's Name: Pamela Bernal Social Security Number: [redacted]

Position for which you are applying: Teacher

Amy Oyervides — Reference Name

Supervisor — Title in relationship to applicant

Benavides Elementary — Company/School

830 758 7006 — Telephone Number

AUTHORIZATION STATEMENT

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Signature

1-17-25 — Date

SECTION II. TO BE COMPLETED BY REFERENCE:
PLEASE RATE THE APPLIANT BY CHECKING THE APPROPRIATE BOX BELOW.

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE / COMMENTS
General appearance, appropriate dress, grooming	☑	☐	☐	
Exercises professional judgment in absences from work	☑	☐	☐	
Accepts constructive criticism and supervision	☑	☐	☐	
Communicates information effectively	☑	☐	☐	
Demonstrates good judgment	☑	☐	☐	
Establishes personal growth and career path	☑	☐	☐	
Effectively diagnosis and addresses situations or conditions	☑	☐	☐	
Displays a practical approach to problem solving	☑	☐	☐	
Inspires cooperation and confidence	☑	☐	☐	
Provides support and assistance when needed	☑	☐	☐	
Is knowledgeable and current infield	☑	☐	☐	
Is receptive to new ideas and changes	☑	☐	☐	

SECTION III. FOR TEACHERS POSITIONS ONLY, PLEASE ANSWER THE FOLLOWING:
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CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE / COMMENTS
Handles matters in a fair and consistent manner	☑	☐	☐	
Communicates student's successes and failures to parents	☑	☐	☐	
Demonstrates knowledge of subject matter	☑	☐	☐	
Demonstrates ability to diagnose and address student needs	☑	☐	☐	
Encourages student performance consistent with abilities	☑	☐	☐	
Uses a variety of instructional methods	☑	☐	☐	
Assigns work which is relevant and purposeful	☑	☐	☐	
Works well as part of an instructional team	☑	☐	☐	

How long have you known the applicant? 1 yr

Would you recommend the applicant for the position desired? ☑ Yes ☐ No ☐ Not at this time

Signature Amy Oyervides Official Position Instructional Officer Date 1/17/25

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

587 MADISON STREET • EAGLE PASS, TEXAS 78852 • (830) 773-5181 • www.eaglepassisd.net

EMPLOYMENT REFERENCE

SECTION I. TO BE COMPLETED BY THE APPLICANT;
UPON COMPLETING THIS SECTION, PLEASE FORWARD TO A FORMER SUPERVISOR/INSTRUCTOR.

Applicant's Name: Pamela Bernal Social Security Number: [redacted]

Position for which you are applying: Teacher

Jose Negrete — Supervisor
Reference Name — Title in relationship to applicant

EP HS — 830 773 2381
Company/School — Telephone Number

AUTHORIZATION STATEMENT

I have applied for employment with the Eagle Pass ISD. I authorize EPISD to collect information, either orally or in writing, pertaining to my past performance and qualifications. I will not hold you or the organization liable for supplying any such information concerning my employment/education. Thank you for your assistance.

Signature — 2-4-25 Date

SECTION II. TO BE COMPLETED BY REFERENCE:
PLEASE RATE THE APPLIANT BY CHECKING THE APPROPRIATE BOX BELOW.

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE / COMMENTS
General appearance, appropriate dress, grooming	☑	☐	☐	
Exercises professional judgment in absences from work	☑	☐	☐	
Accepts constructive criticism and supervision	☑	☐	☐	
Communicates information effectively	☑	☐	☐	
Demonstrates good judgment	☑	☐	☐	
Establishes personal growth and career path	☑	☐	☐	
Effectively diagnosis and addresses situations or conditions	☑	☐	☐	
Displays a practical approach to problem solving	☑	☐	☐	
Inspires cooperation and confidence	☑	☐	☐	
Provides support and assistance when needed	☑	☐	☐	
Is knowledgeable and current infield	☑	☐	☐	
Is receptive to new ideas and changes	☑	☐	☐	

SECTION III. FOR TEACHERS POSITIONS ONLY, PLEASE ANSWER THE FOLLOWING:
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CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE / COMMENTS
Handles matters in a fair and consistent manner	☑	☐	☐	
Communicates student's successes and failures to parents	☑	☐	☐	
Demonstrates knowledge of subject matter	☑	☐	☐	
Demonstrates ability to diagnose and address student needs	☑	☐	☐	
Encourages student performance consistent with abilities	☑	☐	☐	
Uses a variety of instructional methods	☑	☐	☐	
Assigns work which is relevant and purposeful	☑	☐	☐	
Works well as part of an instructional team	☑	☐	☐	

How long have you known the applicant? 5 years
Would you recommend the applicant for the position desired? ☑ Yes ☐ No ☐ Not at this time

Signature — Official Position EP HS Teacher Date 2/4/25

Sul Ross State University
A Member of the Texas State University System

Phone (RGC) (830) 703-4834

Department of Education

Dr. Tonya Senne Ed. D.
Director of Education and Certification

Date: December 18, 2024

Dear, Mr. Costilla,

I hope this letter finds you well. I am writing to formally inform you that Pamela Bernal has successfully completed her Student Teaching experience and was awarded a Bachelor of Arts in Interdisciplinary Studies in 2016 from Sul Ross State University.

Pamela has now transitioned into the next phase of her professional development as she works diligently to pass the required certification exams. We have full confidence that she will continue to excel in her efforts and meet the necessary criteria to obtain her teaching certification.

Should you require any additional information regarding her student teaching experience or her progress toward certification, please feel free to reach out. We appreciate your continued support of Pamela's journey, and we look forward to hearing of her future successes in the education field.

Tonya Senne
Tonya Senne (Dec 19, 2024 11:45 CST)
Tonya Senne, Ed. D.
Director of Education and Certification

SUL ROSS STATE UNIVERSITY

www.sulross.edu

Date Issued: 14-JUN-2016

Record of: Pamela Bernal Student ID: A00411667 SSN: ***-**-[redacted] Date of Birth: [redacted]

Course Level: Undergraduate

Current Program
Bachelor of Arts
Program : BA Interdisciplinary Stu - RGC
College : Rio Grande College
Major : Interdisciplinary Studies

Degree Awarded Bachelor of Arts 14-MAY-2016
Primary Degree
Program : BA Interdisciplinary Stu - RGC
College : Rio Grande College
Major : Interdisciplinary Studies
Maj/Concentration : EC-6 Bilingual Generalist

SUBJ	NO.	C	COURSE TITLE	CRED	GRD	PTS	R

TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:

2009-2011 Southwest Texas Jr College
Ehrs: [redacted] GPA-Hrs: [redacted] QPts: [redacted] GPA: [redacted]

INSTITUTION CREDIT:

Spring 2012
ENGL 3312 RGC Advanced Composition [redacted]
Ehrs: [redacted] GPA-Hrs: [redacted] QPts: [redacted] GPA: [redacted]

Summer I 2013
EDUC 3329 RGC Meth Secnd Lang Tch [redacted]
Ehrs: [redacted] GPA-Hrs: [redacted] QPts: [redacted] GPA: [redacted]

Summer II 2013
EDUC 3304 RGC Human Growth & Development B [redacted]
Ehrs: [redacted] GPA-Hrs: [redacted] QPts: [redacted] GPA: [redacted]

Fall 2013
EDUC 4328 RGC Teach Lang Arts In Biling Cla [redacted]
EDUC 4329 RGC Tch Cont Areas In Biling Class [redacted]
ENGL 3312 RGC Advanced Composition [redacted]
********** CONTINUED ON NEXT COLUMN **********

SUBJ	NO.	C	COURSE TITLE	CRED	GRD	PTS	R

Institution Information continued:
HST 3313 RGC Mex-Amer In U.S. Hist [redacted]
Ehrs: [redacted] GPA-Hrs: [redacted] QPts: [redacted] GPA: [redacted]

Spring 2014
EDUC 3308 RGC Lang Acquis & Develop [redacted]
EDUC 3328 RGC Found of Biling Ed [redacted]
ENGL 3311 RGC Children's & Adolescent Lit [redacted]
MTH 3308 RGC Survey Of Basic Math Thry I [redacted]
Ehrs: [redacted] GPA-Hrs: [redacted] QPts: [redacted] GPA: [redacted]

Summer I 2014
HST 3313 RGC Mex-Amer In U.S. Hist [redacted]
MTH 3309 RGC Sur Of Basic Math Thry II [redacted]
Ehrs: [redacted] GPA-Hrs: [redacted] QPts: [redacted] GPA: [redacted]

Summer II 2014
BIO 3300 RGC Basic Survey of Science [redacted]
HST 3309 RGC History Of Texas [redacted]
Ehrs: [redacted] GPA-Hrs: [redacted] QPts: [redacted] GPA: [redacted]

Fall 2014
EDUC 3300 RGC Foundation in Education [redacted]
MTH 3308 RGC Survey Of Basic Math Thry I [redacted]
Ehrs: [redacted] GPA-Hrs: [redacted] QPts: [redacted] GPA: [redacted]

Spring 2015
BIO 3300 RGC Basic Survey of Science [redacted]
EDUC 4320 RGC Diverse Populations [redacted]
HST 3309 RGC History Of Texas [redacted]
Ehrs: [redacted] GPA-Hrs: [redacted] QPts: [redacted] GPA: [redacted]

Summer I 2015
EDUC 3302 RGC Educational Psychology [redacted]
********** CONTINUED ON PAGE 2 **********

Issued To: Pamela Bernal
747 Avenue B
Eagle Pass, TX 78852-4268

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Claudia R. Wright, Director of Admissions and Records

SUL ROSS STATE UNIVERSITY

www.sulross.edu

Date Issued: 14-JUN-2016

Record of: Pamela Bernal Student ID: A00411667 SSN: ***-**-[redacted] Date of Birth: [redacted]

SUBJ	NO.	C	COURSE TITLE	CRED	GRD	PTS	R

Institution Information continued:

EDUC 4308 RGC The Teach Of Reading [redacted]

Ehrs: [redacted] GPA-Hrs: [redacted] QPts: [redacted] GPA: [redacted]

Summer II 2015

EDUC 3303 RGC Methods/Class Mgt Elem Sch 4-8 [redacted]

EDUC 3305 RGC Teach Strat & Class Mgt Sec Sc [redacted]

Ehrs: [redacted] GPA-Hrs: [redacted] QPts: [redacted] GPA: [redacted]

Fall 2015

EDUC 3301 RGC Math/Science Methods Elem [redacted]

EDUC 3309 RGC EC-6Early Child Meth/Class Mgt [redacted]

EDUC 3310 RGC EC-6Early Childhood:Curr [redacted]

EDUC 4308 RGC The Teach Of Reading [redacted]

EDUC 4314 RGC Read Skills For Content Sub [redacted]

Ehrs: [redacted] GPA-Hrs: [redacted] QPts: [redacted] GPA: [redacted]

Dean' List

Spring 2016

EDUC 4607 RGC Stud Teach In Elem & Kg [redacted]

Ehrs: [redacted] GPA-Hrs: [redacted] QPts: [redacted] GPA: [redacted]

********** TRANSCRIPT TOTALS **********

	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	[redacted]	[redacted]	[redacted]	[redacted]
OVERALL	[redacted]	[redacted]	[redacted]	[redacted]

********** END OF TRANSCRIPT **********

This officially sealed and signed transcript is printed on red SCRIP-SAFE® security paper with the name of the university printed in white type across the face of the document. A raised seal is not required. When photocopied a security statement containing the institution name will appear. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED!

Claudia R. Wright, Director of Admissions and Records

PAMELA BERNAL

1110 5th St. Apt #4· EAGLE PASS, Tx 78852 · 830-513-0505 · BERNAL PAMELA@HOTMAIL.COM

EDUCATION

SUL ROSS STATE UNIVERSITY — **EAGLE PASS, Tx**
Bachelor of Science in Interdisciplinary Studies (EC-6 Bilingual Teacher), May 2016

SOUTHWEST TEXAS JUNIOR COLLEGE — **EAGLE PASS, Tx**
Associates Degree, May 2014

EXPERIENCE

EAGLE PASS INDEPENDENT SCHOOL DISTRISCT TX — **EAGLE PASS**
Bilingual Aide, November 29, 2021 – Present
Taught the ESL students facilitate transition Spanish to English language. I helped students practice verbal, and writing English skills.

SOUTH WEST TEXAS JUNIOR COLLEGE- AEL EXTENISION CENTER — **EAGLE PASS TX**
ESL Teacher, September 2020 – June 2021
Taught the students English as a second language and helped the ESL students practice their verbal and written English skills. Taught Civics and basic skills to work.

LAS COLONIAS HEADSTART PROGREAM — **EAGLE PASS, Tx**
Teacher, August 2016-October 2018
Work as a teacher for pre-kindergarten. Was responsible for the education of the students at the pre-kindergarten level. Would create lesson plans and activities for the students on an individual and group level. Taught many students in a large group setting. Communicated with the students and their parents in order to provide the best academic experience possible. Monitored the students' progress and proficiency on a weekly basis.

SOUTHWEST TEXAS JUNIOR COLLEGE- AEL EXTENSION CENTER — **EAGLE PASS, Tx**
Retailing/ESL Teacher, August 2016-February 2017
Taught the students the profession of retail and sales. Taught the students about the importance of customer service. Educated the students about accounting practices. Also taught the students English as a second language and helped the students practice their verbal and written English skills.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT — **EAGLE PASS, TX**
Permanent Substitute Teacher and Substitute Teacher August 2012, -May 2016
Worked both as a substitute teacher and permanent substitute teacher. Was responsible for the supervision and instruction of the classes assigned. Managed the classroom environment and created a positive learning atmosphere for the students. Was diligent in following the assignments the teachers left for the students. Also worked as part of a team with other teachers in order to push the students to achieve their goals..

QUALIFICATIONS

- Fluent in Spanish.
- Technologically capable and proficient in using Microsoft Office.
- Great ability to communicate with the students.
- Inspires the students to do the best they can to succeed.
- Follows the tasks assigned by her supervisors.
- Prepares lesson plans and activities thoroughly and timely to ensure efficiency.
- Ability to manage a great number of students
- Great ability to communicate effectively with the parents of students in order to effectively collaborate what is in the best interest of the students.

- Can cooperate with other teachers and staff as part of a team environment.
- Ability to improvise and make appropriate decisions while working to ensure fairness for everyone involved.

Texas Educator Certificate

This certifies that

Pamela Bernal

has fulfilled requirements of state law and regulations of the
State Board for Educator Certification
and is hereby authorized to perform duties as designated below:

EDUCATIONAL AIDE

Description	Effective Date	Expiration Date	Status
Educational Aide II	02/01/2025	02/01/2027	Valid

NON-RENEWABLE PERMIT

Description	Effective Date	Expiration Date	Status
Core Subjects with STR Grades (EC-6)	09/29/2025	09/29/2026	Valid

Official Record of Certification
Thursday, October 16, 2025

Non-Renewable Permit Fee $57

State Board for Educator Certification (SBEC) rules require permit fees to be paid by the requesting school District.

Office of Educator Certification and Testing

Texas Education Agency

The employing School District must maintain this form in the district's personnel office after processing is completed.

Last Name	First Name	Initial
Bernal	Pamela	

TEA ID Number: 1985278

Have you ever been the subject of an arrest that has resulted in deferred adjudication, probation or conviction? ( ) Yes (•) No

If **YES**, attach a statement with the date and place of arrest, nature of charge, date and court trial, and subsequent disposition.

Applicant's Status *(Select Only One)*

☒ "I have completed all courses and degree requirements of a Texas educator preparation program, except for successful completion of all appropriate certification examinations. I have been advised and understand that I must successfully complete all appropriate examinations within 12 months of the beginning date of my teaching duties. I understand that no renewal of this permit is available and to continue my employment I must successfully complete the appropriate examinations prior to the expiration of this non-renewable permit."

☐ "I possess a Texas teacher certificate which lists a validity date prior to May 1, 1986, I was not employed in a Texas school during the 1985-86 school year or subsequent years, and have not successfully completed the appropriate examination requirements. I have been advised and understand that is approved, this permit will be valid for 6 months or through the end of the school year whichever is less. I further understand that no renewal of this permit is available; and to continue my employment, I must successfully complete the appropriate examination prior to the expiration of this non- renewable permit."

Applicant's Affidavit *(All applicants must execute this affidavit)*

" I do hereby agree, consent and direct that any person or entity maintaining information in any form relating to my criminal history shall release all such information upon the request of the Texas Education Agency."

"I do further hereby agree and permit the Texas Education Agency to obtain from any person or entity information relating to my personal background, my moral character and my worthiness to instruct the youth of this state, and do hereby expressly direct that any such person or entity release such information upon the request of the Texas Education Agency."

"I do hereby release, discharge and exonerate the Texas Education Agency, its agents or representatives, and any person or entity so furnishing information from any kind and all liability of every kind arising therefrom."

"The foregoing consent and release is valid and binding so long as I hold or seek my certification license permit or other credential issued under the authority of the Texas Education Code."

"I understand that any credential issued to me by the Texas Education Agency is the property of the State of Texas. I agree that I will tender my credential to the Texas Education Agency if I am ordered to do so by the Texas Education Agency."

Non-Renewable Permit Fee $57

State Board for Educator Certification (SBEC) rules require permit fees to be paid by the requesting school District.

Office of Educator Certification and Testing

Texas Education Agency

Applicant's Affidavit continued *(All applicants must execute this affidavit)*

"I understand that a copy of this affidavit shall have the same force as the original"

"I have reviewed this application and I affirm that all of the information which I have provided on the application and the attached documents is true."

Date	Drivers License/State ID Number

Applicant's Signature

To be Completed by the Employing School District

Note: A Nonrenewable Permit may not be activated for a teacher in the same assignment area for which another type of permit has previously been activated. If the applicant lacks more than successful completion of the appropriate examination requirement(s) (e.g. semester hour deficiencies) for the assignment as indicated above the district must file an Emergency Permit or Temporary Classroom Assignment Permit (TCAP) for full permit coverage.

Rules relating to permits may be found in the Texas Administrative Code, Chapter 230 Subchapter F, Permits

Assignment Data

County/District Number	Beginning date of teaching duties for this permit assignment
159901	09/29/2025

Description of Assignment	Grades Taught Low	Grades Taught High
Elementary Self Contained	01	06

Superintendent's Affidavit

"I have been unsuccessful in efforts to employ a fully certified and qualified individual for the assignment specified in this permit request. The individual named above is the best qualified teacher available for the assignment. I verify that the applicant's certification or eligibility for certification is appropriate for the level and subject area(s) of assignment indicated above. I have advised the applicant that no renewal of this permit is available and that continued employment is contingent on successful performance on the appropriate examinations(s) prior to the expiration of this permit."

Name of Superintendent or Authorized Representative	Date
Jesus Arturo Costilla Executive Director for Human Resources	10/15/25

Signature of Superintendent or Authorized Representative

Jesus Arturo Costilla

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

587 MADISON ST. • EAGLE PASS, TEXAS 78852 • (830) 773-5181 • WWW.EAGLEPASSISD.NET

RECEIVED
NOV - 4 2021
Human Resources
Laura L. Lopez

INTENT FORM - PARAPROFESSIONAL

DATE: 11-4-21

NAME: Pamela Bernal

S.S.# or ID: [redacted]

PHONE: 830 513 0505

ADDRESS: 747 Avenue B

FOR OFFICE USE ONLY:

Checklist

- ✓ 1. Letter of Intent
- ✓ 2. Application for Employment
- ✓ 3. Nepotism Statement
- ✓ 4. Criminal History Form
- ✓ 5. References (2)
- 6. Exam **has/ has not** been passed
  Date:_____
- ✓ 7. College Transcripts Degree d.
- 8. High School Diploma or Transcripts
- 9. GED
- 10. CDL / Drivers License
- 11. Copy of License/Certificate
  ✓ Specify:_____
- 12. Years of Work Exp:_____

Comments:_____

_____ COMPLETE

POSITION APPLYING FOR: Bilingual Aide - 2

Applicant: please check any and all that apply

- ☐ **Currently an EPISD Employee**
- ☐ **Application is on File (less than a year)**

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF HUMAN RESOURCES

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APPLICATION FOR CLASSIFIED EMPLOYMENT

I. PERSONAL INFORMATION

(PRINT IN INK OR TYPE INFORMATION)
Date of Application: 11-3-2021 Date Available for Employment: Today

Name: Pamela Bernal Social Security Number: [redacted]

Address: 747 Avenue B City: Eagle Pass State: Tx Zip Code: 78852

Home Telephone Number: _____ Business/Office Telephone: _____

Have you ever been employed with EPISD? If YES, please list position: Yes, Tutor, Permanent Sub.
Are you currently employed in another school district? If YES, Name of District _____
Have you been or are you currently on an employee growth plan? If yes, please explain below.
Have you ever been terminated for cause, been asked to resign, had a contract non-renewed, resigned in lieu of non-renewal, or left employment involuntarily? If yes, please explain below.
Have you ever been disciplined for inappropriate conduct with a co-worker, student or third party, been placed on disciplinary probation or been suspended from any position? If yes, please explain below.
Have you ever held a certificate in any state which was canceled, revoked, or suspended, received a sanction from a credentialing or licensing authority? If yes, please explain below.
Have you ever left a school district during the school year or any place of employment for reasons other than medical? If yes, explain below.
Have you ever accepted a transfer or taken any other action to avoid possible disciplinary action against you at any place of employment? If so, please explain below.
Has a co-worker every filed a grievance against you or filed a complaint against you concerning your work or behavior at any place of employment? If so please explain below.
Has a parent or any other person ever filed a complaint against you at any place of employment? If so, please explain
Has any person or entity ever stated a complaint, formally or informally, against you at any place of employment? If so, please explain below.
Explanation (attach separate sheet if necessary): _____

Are you a retired employee participating in Texas-TRS? ☐ Yes ☒ No

II. POSITION APPLYING FOR: Business and finance

III. EDUCATIONAL BACKGROUND

List High School, GED, Colleges and University information

Name of Institution	Location	Dates Attended	Date of Graduation	Type of Degree/Diploma	Major Bachelor/Masters	Minor
SUTROSS University	3107 Bob Rogers Dr. Eagle Pass Tx	2012-2016	May, 2016	Bachelor of Arts	Bachelor	
				Interdisciplinary Studys Bilingual Education.		

IV. EXPERIENCE

List in order all work experience beginning with most recent. (Attach separate sheet if necessary.)

From Mo/Yr	To Mo/Yr	Name and Address of Employer	Position	Immediate Supervisor	Area Code and Phone Number	Reason for Leaving
9/20	11/21	South West Texas Junior College, AEL Extension Center	ESL Teacher	Mrs. Bernal	830-752-1761	
08/16	6/2019	Las Colonias Head Start Program	Teacher	Mrs. Martinez	830 758 0767	school
08/12	05/16	E.P.I.S.D / CC Win Sam Houston	Tutor, and Permanent Sub	Mrs. Ortegas	830 773 5781	school

V. REFERENCES

Full Name of Reference	School District/Firm Name	Mailing Address	Position/Title	Area Code and Phone Number
Alberto Rodriguez	The law firm of Oscar A. Garza, PLLC	2071 La Jolla Street Eagle Pass Tx, 78852	Lawyer	8303358376
Maria Rosa Vargas Mtz	Kids are First Inc	2994 El Indio Hwy Eagle Pass Tx	Director	8307580767
Linka Garcia	Memorial Jr High School	1800 Lewis St. Eagle Pass Tx 78852	Special Education Teacher	8307738838
Amanda Hernandez	Memorial Jr high school	1800 Lewis St Eagle Pass Tx 78852	special education Teacher	8303522289

The applicant has the responsibility of securing references for the Department of Human Resources. Two (2) reference forms are enclosed for your use. You must send a form and a stamped envelope (addressed to the Department of Human Resources, Eagle Pass Independent School District, 587 MADISION STREET, Eagle Pass, Texas, 78852) to each reference.

VII. PROFESSIONAL DATA

List specific skills and/or any machines or equipment you can operate: Excellent communication, planning and research skills, adaptability, teamwork, interpersonal skills, computer skills.

List licenses and/or certifications held: _____

Have you ever been convicted of a felony or any offense involving moral turpitude? ☐ Yes ☑ No

Have you received probation, deferred adjudication, pleaded no contest, or served time in prison? ☐ Yes ☑ No

If YES, explain _____

I hereby affirm that all information provided on this form is true and accurate. I also understand that employment based upon information contained on this application that later proves to be false or incomplete shall result in termination of employment. Furthermore, it is understood that this form and any other related documents become the property of the District. The District reserves the right to accept or reject any application.

NOV Day of 3 20 21

Paul Bueno
Legal Signature of Applicant

RELEASE FORM

I hereby give the Eagle Pass Independent School District permission to make inquiries on references of former employers concerning my performance in the past. This permission form may be attached to request information and I hereby authorize the party receiving this form to give full and complete information of any and all records, transcripts, data sheets, service records, letters of recommendation, police records, criminal history records, etc., as may be requested by the Eagle Pass Independent School District. I agree that the information requested will not be disclosed to me but will be treated as confidential by the District, and I waive all rights to see this information.

(Please print or type the following information)

Full Name Pamela Bernal SSN [redacted]

Address 747 Avenue B

City Eagle Pass State TX Zip Code 78852

Signature Pamela Bernal Date 11-3-21

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

587 MADISION STREET • EAGLE PASS, TEXAS 78852 • (830) 773-5181 • www.eaglepassisd.net

EMPLOYMENT REFERENCE

SECTION 1. TO BE COMPLETED BY THE APPLICANT:
UPON COMPLETING THIS SECTION, PLEASE FORWARD TO A FORMER SUPERVISOR/INSTRUCTOR.

Applicant's Name: Pamela Bernal Social Security Number: [redacted]

Position for which you are applying: Business and finance

Jesus Diaz Wever
Reference Name

Former Supervisor
Title in relationship to applicant

EPISD- CCWIN
Company/School

830-757-0828
Telephone Number

AUTHORIZATION STATEMENT

I have applied for employment with the Eagle Pass ISD. I authorize EPISD to collect information, either orally or in writing, pertaining to my past performance and qualifications. I will not hold you or the organization liable for supplying any such information concerning my employment/education. Thank you for your assistance.

Pam Bernal
Signature

11-4-21
Date

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE/ COMMENTS
General appearance, appropriate dress, grooming	☑	☐	☐	
Exercises professional judgment in absences from work	☑	☐	☐	
Accepts constructive criticism and supervision	☑	☐	☐	
Communicates information effectively	☑	☐	☐	
Demonstrates good judgment	☑	☐	☐	
Establishes personal growth and career path	☑	☐	☐	
Effectively diagnosis and addresses situations or conditions	☑	☐	☐	
Displays a practical approach to problem solving	☑	☐	☐	
Inspires cooperation and confidence	☑	☐	☐	
Provides support and assistance when needed	☑	☐	☐	
Is knowledgeable and current in field	☑	☐	☐	
Is receptive to new ideas and changes	☑	☐	☐	

How long have you known ~~the applicant~~? 02 yrs
Would you recommend the applicant for the position desired? ☑ Yes ☐ No

[signature]
Signature

11-4-21
Date

Principal
Position/Title

PLEASE MAIL REFERENCE TO THE DEPARTMENT OF HUMAN RESOURCES AT THE ADDRESS LISTED ABOVE.
THANK YOU FOR YOUR COOPERATION AND ASSISTANCE.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

587 MADISION STREET • EAGLE PASS, TEXAS 78852 • (830) 773-5181 • www.eaglepassisd.net

EMPLOYMENT REFERENCE

SECTION 1. TO BE COMPLETED BY THE APPLICANT:
UPON COMPLETING THIS SECTION, PLEASE FORWARD TO A FORMER SUPERVISOR/INSTRUCTOR.

Applicant's Name: Pamela Bernal Social Security Number: [redacted]

Position for which you are applying: Business and Finance

Mariarosa Vargas Mtz
Reference Name

Prior Supervisor
Title in relationship to applicant

Kids Are First Inc
Company/School

(830)513-0279
Telephone Number

AUTHORIZATION STATEMENT

I have applied for employment with the Eagle Pass ISD. I authorize EPISD to collect information, either orally or in writing, pertaining to my past performance and qualifications. I will not hold you or the organization liable for supplying any such information concerning my employment/education. Thank you for your assistance.

Pamela Bernal
Signature

11-3-21
Date

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE/ COMMENTS
General appearance, appropriate dress, grooming	☑	☐	☐	
Exercises professional judgment in absences from work	☑	☐	☐	
Accepts constructive criticism and supervision	☑	☐	☐	
Communicates information effectively	☑	☐	☐	
Demonstrates good judgment	☑	☐	☐	
Establishes personal growth and career path	☑	☐	☐	
Effectively diagnosis and addresses situations or conditions	☑	☐	☐	
Displays a practical approach to problem solving	☑	☐	☐	
Inspires cooperation and confidence	☑	☐	☐	
Provides support and assistance when needed	☑	☐	☐	
Is knowledgeable and current in field	☑	☐	☐	
Is receptive to new ideas and changes	☑	☐	☐	

How long have you known the applicant? 5 yrs
Would you recommend the applicant for the position desired? ☑ Yes ☐ No

[signature]
Signature

11/3/21
Date

Center Manager
Position/Title

PLEASE MAIL REFERENCE TO THE DEPARTMENT OF HUMAN RESOURCES AT THE ADDRESS LISTED ABOVE.
THANK YOU FOR YOUR COOPERATION AND ASSISTANCE.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF HUMAN RESOURCES

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NEPOTISM STATEMENT

School Board Members and Superintendent			
Jorge Barrera	Hilda P. Martinez	Hector Alvarez	Lupita Fuentes
Glenna Purcell	Christopher Hiller	Victor E. Perry	Samuel Mijares

I, Pamela Bernal, hereby attest or affirm that (check one) ☐ **I am** ☑ ~~**I am not**~~ related to the Superintendent of Schools and/or the Board Members of the Eagle Pass Independent School District, within three degrees of consanguinity (blood relation) or by two degrees of affinity (marriage).

I fully understand that any false information contained here will be just cause for the immediate termination of my employment in this position.

Signature of Applicant Pamela Bernal Date 11-3-21

These illustrations depict the relationships that violate the nepotism law.

CONSANGUINITY (Blood) Superintendent/Board Member is prospective employee's:

First Degree Second Degree Third Degree	Parent Grandparent Great Grandparent	Child Grandchild Great Grandchild	Sister/Brother Aunt/Uncle	Niece/Nephew

AFFINITY (Marriage) Board Member/Superintendent's spouse is the prospective employee or Board Member/Superintendent's spouse is prospective employee's or Prospective employee's spouse is Superintendent's/Board Member's

First Degree Second Degree	Parent Grandparent	Child Grandchild	Sister/Brother

NOTE: The spouses of two persons related by blood are not by the fact related. The affinity chart supposes only on affinity relationship between the Superintendent of Schools/Board Member and prospective employee through either of their spouses.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

Marked for Excellence

October 2, 2025

Pamela Bernal #8909
747 Avenue B
Eagle Pass, TX. 78852

Dear Ms. Bernal,

This letter is to inform you that as a current employee you have been approved for a new position. You have been approved for the position of Teacher at Benavides campus. Your annual salary will be $60,100.00, your pay grade is 07 you will work 187 days and your funding account will be 199-11-6119-00-111-611-000. In accordance with the information, you have provided your first date of employment will be 09/29/25.

You will be expected to report to your campus on the date stated above. Please contact your immediate supervisor Olivia Garcia for further details.

Please feel free to contact me at (830) 773-5181 should you have any questions.

Sincerely,

Pat M. Sa

for Jesus Arturo Costilla
Executive Director for Human Resources

Verified by: Imelda Olivia 10/2/25
Human Resources Date

XC: Olivia Garcia, Principal
Employee file

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
HUMAN RESOURCES EMPLOYEE STATUS FORM HR-230
THIS FORM MUST BE PREPARED BY THE HUMAN RESOURCES DEPARTMENT

{A} Employee Status: ☐ New ☒ Current ☒ Full-Time ☐ Part-Time ☐ Sub ☐ TRS Retiree Yes ☐ No ☒

☐ Other: _____ Fringe Benefits: ☒ Yes ☐ No Hrs per Week: _____

Name: Bernal (Last) Pamela (First) _____ (M.)

I.D. /Soc Sec #: 8909 Campus/Dept: 111-BENAVIDES

Degree: ☐ BA/BS ☐ MA/MS Pay Grade: 3 Work Days: 183 Years of Exp: _____

Job Title: Instructional Aide Job Code: 0031

Effective Date of Change: 8/20/25 Board/Supt. Agenda Date: 8/19/25

Account Code(s): see attachment

{B} Salary or Rate (Salary Calculation Form Attached):

☐ Pay Grade Minimum
☐ Hourly Rate _____
☐ Per Supplemental/Salary Schedule
☐ Other _____

{C} Employee Status Change (HR Employee Letter Attached as applicable):

☐ FMLA ☐ WC ☐ Extended Leave
☐ Pay Grade Reclassification
☒ Promotion
☐ Resignation/Termination
☐ Retirement
☐ Supplemental ☐ Add ☐ Delete

☒ New Job Title: Teacher
☒ New Job Code: 0029
☒ New Pay Grade: 07
☐ Reassignment _____
☐ Transfer _____
☒ Other: Work Days 187

Additional Info: see attachment

Account Code(s): _____

1.) _____ 8/13/25
HUMAN RESOURCES OFFICER DATE

2.) _____ 8/13/25
EXECUTIVE DIRECTOR FOR HR DATE

3.) _____ 8-13-25
DEPUTY SUPT. FOR BUS. & FIN. DATE

4.) _____
SUPERINTENDENT DATE

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF HUMAN RESOURCES
SALARY CALCULATION FORM
(EMPLOYEE FILE)

NAME: Pamela Bernal **ID#:** 8909
PREVIOUS EMPLOYEE: Maribel Santos **ID#:** 1403
(AS APPLICABLE)

I. ASSIGNMENT

Change effective date:

VACANCY: ☒ **NEW POSITION:** ☐ **Other:** ☐

POSITION:	Teacher
LOCATION:	Benavides
PAY GRADE:	07
BASE PAY:	$60,100.00
ADDITIONAL PAY:	$
STIPEND(S):	$
TOTAL PAY:	$60,100.00 **HRS:**
DAILY/HRLY RATE:	$321.39 **DAYS:** 187
TRAVEL:	$
ACCOUNT CODE:	199-11-6119-00-111-511-000 100%

PREVIOUS POSITION:	Instructional Aide
LOCATION:	Benavides
PAY GRADE:	03
BASE PAY:	$22,030.00
ADDITIONAL PAY:	$
STIPEND(S):	$
TOTAL PAY:	$22,030.00 **HRS:**
DAILY/HRLY RATE:	$120.38 **DAYS:** 183
TRAVEL:	$
ACCOUNT CODE:	166-11-6129-00-111-525-000 100%

*May not add up due to rounding.

II. CERTIFICATION

CURRENTLY CERTIFIED: YES: ☒ NO: ☐ N/A: ☐

CERTIFICATION AREA(S): Core Subjects with STR (EC-6)

STANDARD: ☐ **ALTERNATIVE:** ☐ **NON-RENEWABLE PERMIT:** ☐

EMERGENCY PERMIT: **OTHER:** Emergency Permit

III. EXPERIENCE

EPISD (PARA-PROF) EXPERIENCE: 2 year(s) **EPISD (PROF) EXPERIENCE:** 0 year(s)

OTHER EXPERIENCE: 0 year(s) **TOTAL EXPERIENCE:** 2 year(s)

PROFESSIONAL PAY STEP EXPERIENCE: 2 year(s)

VERIFIED: Patsy M. Davis 8/4/25
Human Resources Officer

8-4-25
Payroll Director

APPROVED: 8/13/25
Executive Director for HR

8-13-25
Deputy Superintendent for B&F

This form is required when there is a change in Base Pay, Additional Pay, Stipend(s) included with annual salary, and Travel as approved on a Superintendent's Agenda or at a School Board Meeting as applicable. This form is not required for employee pay increases recommended by the Superintendent and approved by the School Board as part of the Annual Budget.

FOR PAYROLL USE ONLY*

PROCESSED BY: _____ *VERIFIED BY: _____
HUMAN RESOURCES/PAYROLL DATE HUMAN RESOURCES/PAYROLL DATE

EFFECTIVE PAY PERIOD: _____

*EMPLOYEE THAT VERIFIES MAY NOT COMPLETE THE *FOR PAYROLL USE* ONLY SECTION. DIFFERENT EMPLOYEE MUST PROCESS AND VERIFY *FOR PAYROLL USE* SECTION.
**MUST ATTACH COPY OF THE ITCCS REGION 20 WPR5321 EMPLOYEE PAY INFORMATION SCREEN AND PROVIDE HR AND RISK MANG. DIR. WITH COPY OF FULLY SIGNED FORM

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

587 MADISON ST. • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

NOTICE OF POTENTIAL OR ANTICIPATED VACANCIES

With new posting requirements, we are trying to anticipate vacancies that could occur during the school year. We encourage all applicants interested to be sure to apply for these and other positions throughout the school year.

PROFESSIONAL POSITIONS

As school starts, there may be a need to add classroom teachers as student enrollment increases beyond classroom caps or recommended district standards. Some of the professional positions below could be impacted:

Pre-Kindergarten
Bilingual Pre-Kindergarten
Kindergarten
Bilingual Kindergarten
First Grade
Bilingual First Grade
Second Grade
Bilingual Second Grade
Third Grade
Third Grade Bilingual
Fourth Grade
Bilingual Fourth Grade
Fifth Grade
Bilingual Fifth Grade
Sixth Grade
Bilingual Six Grade
Special Education (all levels)
Mathematics (MS or HS)
English/Language Arts (MS or HS)
Science (MS or HS)
Social Studies (MS or HS)
Speech Communications (MS or HS)
Journalism (HS)
Career & Technology Education (MS or HS)

PARAPROFESSIONAL POSITIONS

We encourage applicants to submit applications in the event a position becomes available. If you have a valid application on file, make sure and submit a letter of intent when a vacancy for which you are interested occurs.

Instructional Aide (Regular, Physical Ed and Library)
Instructional Tech Classroom Manager
General Clerk/Aide
Special Education Aide
Secretary

APPLICATION PROCEDURES AND DEADLINE

Applications for these and other positions will be accepted at any time. For information please call the following numbers:

830/773-5181 ext 72708 – Professional

830/773-5181 ext 72704 - Paraprofessional

PLEASE NOTE: As appropriate, persons interested in a position must submit an APPLICATION, RESUME, TRANSCRIPTS, and PROPER CERTIFICATION to the Department of Human Resources by the deadline date.

Applications available: www.eaglepassisd.net

Date Posted: August 13, 2024

Positions May Not Be Available At Time of Posting: Updated As Needed

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
PROFESSIONAL HIRING SCHEDULE
2025-2026

BASED ON $60,000 STARTING SALARY

STARTING SALARY FOR CLASSROOM TEACHERS WITH ZERO (0) YEARS OF EXPERIENCE WHO DO NOT HOLD A CERTIFICATE UNDER TAC SECTION 21.0412(A)(1), (2), OR (3) IS $3,000 LESS THAN STARTING SALARY. OTHER PROFESSINAL POSITIONS, INCLUDING PREVIOUSLY EMPLOYED DISTRICT EMPLOYEES, WILL BE PAID BASED ON THE MINIMUM OF THE PROFESSIONAL HIRING SCHEDULE PAY STEP OR AS APPROVED BY THE SUPERINTENDENT.

PAY STEP EXPERIENCE	STATE MINIMUM	LOCAL SALARY*
0	33,660	60,000
1	34,390	60,050
2	35,100	60,100 ✓
3	35,830	60,150
4	37,350	60,200 T
5	38,800	60,300
6	40,410	60,400 8.4.21
7	41,830	60,500
8	43,170	60,600
9	44,440	60,700
10	45,630	60,800
11	46,770	60,900
12	47,850	61,000
13	48,850	61,100
14	49,810	61,200
15	50,710	61,300
16	51,570	61,400
17	52,370	61,500
18	53,140	61,600
19	53,860	61,700
20**	54,540	61,800

PROFESSIONAL SUPPORT POSITIONS	ADDITIONAL PAY***
BUSINESS & SPECIAL EVENTS OFFICER	5,500
COUNSELOR- HEAD HIGH SCHOOL	10,000
COUNSELOR- HEAD JR. HIGH	7,000
COUNSELOR - LICENSED PROFESSIONAL	7,000
COUNSELOR	6,000
LIBRARIAN: LEARNING RESOURCE CERTIFICATION	5,000
LIBRARIAN: LEARNING RESOURCE ENDORSEMENT	4,750
SPECIAL EDUCATION:	
ASSESSMENT SPECIALIST	4,000
DIAGNOSTICIAN	7,000
LICENSED SPECIALIST- SCHOOL PSYCHOLOGY	8,500
LICENSED SPEECH PATHOLOGIST	17,000
PHYSICAL THERAPIST	6,000
PHYSICAL THERAPIST ASST.	5,000
SPEECH THERAPIST	6,000
SPEECH PATHOLOGIST ASSISTANT	5,000
TEACHER-AUDITORY/VISUALLY IMPAIRED	4,000
PEP SUPERVISOR	1,500
PUBLIC I[illegible] OFFICER	5,500
REGISTEF	2,150
SOCIAL V	1,500

L SALARY STEP INCREASE IS NOT

AL HIRING SCHEDULE

ASED ON 187 WORKING DAYS AND IS PRORATED BASED ON ADDITIONAL WORKIN
IS PART OF THE OVERALL SALARY APPROVED AT THE DISCRETION OF THE BOA
ANS, AND RNS, INCLUDING PREVIOUSLY EMPLOYEED SCHOOL DISTRICT EMPLOY
E. HIRED OR REHIRED EMPLOYEES WITH OVER 20 YEARS OF EXPERIENCE WILL
R SPECIFIC *PROFESSIONAL SUPPORT POSITIONS* AND IS PRORATED BASED ON

60,100•00 ÷
187• =
321•390 *
0•000 *
0•000 *

INCLUDES:

BUSINESS & SPECIAL EVENTS OFFICER (226 DAYS)
BUSINESS OPERATIONS MANAGER (238 DAYS)
COUNSELOR (192-226 DAYS)
HR OFFICER (226 DAYS)
LIBRARIAN (187 DAYS)
MICROCOMPUTER TECH. (226 DAYS)
PEIMS DATA ANALYST (226 DAYS)
PEP SUPERVISOR (226 DAYS)
PUBLIC INFO. OFFICER (22
REGISTERED NURSES (192
SCHOOL FACILITIES SUPEI
SOCIAL WORKER (192 DAY
SP. ED. ASSESSMENT SPE
SP. ED. AUDIOTORY/VISUA
SP. ED. DIAGNOSTICIAN (2
SP. ED. LICENSED SPECIA

T 8.4.21 0 *
60,100 ÷
187 =
321•390374331*
0 *

NSED SPEECH PATHOLOGIST (202 DAYS)
JPATIONAL THERAPIST (202 DAYS)
ECH PATHOLOGIST ASST. (202 DAYS)
SICAL THERAPIST ASST. (202 DAYS)
SICAL THERAPIST (202 DAYS)
ALUATOR (226 DAYS)
ND WAREHOUSE OPERATIONS (238 DAYS)
87-217 DAYS)
R (226 DAYS)

Year: C

Frequency: 5

Change

Employee: 008909 : BERNAL, PAMELA

Delete	Details	Job Code	Extra Duty	Account Type	Account Code	Amount	Percent
		0031 - INSTRUCTIONAL AIDE		G	166-11-6129.00-111-525000	22,030.00	100.000%
					Total:	22,030.00	100.000%

Rows: 1 of 1

Job Code:

Activity Code: 80 Base Salary

Extra Duty Code:

TRS Grant Code:

Account Type: G Standard gross pay

Worker's Comp Code: CLASS C- PROFESSIONA

Account Code: 166-11-6129.00-111-525000

Expense 373: Y Account used in ASB distr

SALARIES/WAGES-SUPPORT PERS

Amount: 22,030.00 out of 22,030.00

Employer Contribution: ☑

Percent: 100.000%

Performance Pay: ☐

Benavides Heights Elementary

1750 Mesa Drive • Eagle Pass, TX 78852
Tel. (830) 758-7006 • Fax (830) 758-0216
Olivia R. Garcia – Principal
Amy Oyervides – Instructional Officer

RECEIVED
JUL 22 2025
Human Resources
Jesus A. Cortilla

TO: Samuel Mijares, Superintendent of Schools

FROM: Olivia R. Garcia, Benavides Heights Elementary Principal

DATE: July 21, 2025

SUBJECT: Recommendation for Pamela Bernal

The Interviewing Committee, consisting of three persons, met on July 21, 2025 to interview applicants for a teacher position. There was one applicant. The Interviewing Committee recommends Pamela Bernal for the position.

Interviewing Committee:

Olivia R. Garcia	Agree [X]	Disagr [ ]
Amy Oyervides	Agree [X]	Disagree [ ]
Priscilla Luna	Agree [X]	Disagree [ ]
_____	Agree [ ]	Disagree [ ]
_____	Agree [ ]	Disagree [ ]

NOTE: Principal/Administrator will ensure that none of the interviewing committee members is related to the persons selected for interviews.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

1420 EIDSON ROAD • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

PERSONNEL RECOMMENDATION FORM

(Please check one): ☒ Certified Position ☐ Administrative Position ☐ Classified Position

Candidate's Name: Pamela Bernal Position/Title/Grade Level: Teacher

Location: Benavides Heights Elementary Bilingual Position: ☐ Yes ☒ No

Names of those interviewed	Certification			
Pamela Bernal	☐ Life	☒ Standard	☐ Probationary	☐ N/A
	☐ Life	☐ Standard	☐ Probationary	☐ N/A
	☐ Life	☐ Standard	☐ Probationary	☐ N/A
	☐ Life	☐ Standard	☐ Probationary	☐ N/A
	☐ Life	☐ Standard	☐ Probationary	☐ N/A

Does the recommended candidate meet the requirements for the position? Yes ☒ No ☐

Did you follow the hiring procedures in DC (Legal/Local)? Yes ☒ No ☐

List justification for selecting candidate (i.e. strengths, experience, specialized skills, include reasons for selecting someone w/probationary vs. standard or life certificate if this is appropriate to your recommendation).

The committee recommends Pamela Bernal for the position based on her abilities and qualifications. The commmitte feels that Pamela Bernal will be able to meet the needs of our student population. Miss Bernal is well versed in creating interactive lessons, incorporating technology and managing classroom dynamics.

List the names of interviewing committee.

Olivia R. Garcia, Amy Oyervides and Priscilla Luna

ADMINISTRATIVE RECOMMENDATION

"I am recommending this candidate for the above-named position. The candidate is the best applicant to meet our specific campus needs."

O Garcia — **Signature of Location Administrator**

7/21/25 — **Date**

"The Eagle Pass Independent School District is an Equal Opportunity Employer, M/F/D/V."

HR 09/29/10

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

1420 EIDSON ROAD • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

EMPLOYMENT TELEPHONE REFERENCE CHECK

(*Please check one*): ☒ Certified Position ☐ Administrative Position ☐ Classified Position

SECTION I *General/Contact information to be completed by the recommending administrator.*

Applicant's Name: Pamela Bernal

Position Applying For: Teacher Location: Benavides Heights Elementary

Name of Organization/School District/Company **Contacted**: Eagle Pass ISD

Contact Person's Name: Jose L. Negrete

Contact Person's Job Title: Eagle Pass High School Teacher

SECTION II *Employment information to be completed by the recommending administrator.*

Dates of Employment - From: February 2022 To: May 2024

Position/Title: Bilingual Instructional Aide

Brief Description of Duties: Ms. Bernal would provide small group instruction to reinforce classroom lessons and provide feedback to teacher.

Would you rehire this person? Yes ☒ No ☐

SECTION III *Reference information to be completed by the recommending administrator.*

Indicate the reference's response by checking: E = Excellent, S = Satisfactory, U = Unsatisfactory, or NB = No Basis to Judge

AREA	E	S	U	NB
Attendance	☒	☐	☐	☐
Punctuality	☒	☐	☐	☐
Dependability	☒	☐	☐	☐
Commitment	☒	☐	☐	☐
Hard-working	☒	☐	☐	☐
Initiative	☒	☐	☐	☐
Innovative	☒	☐	☐	☐
Leadership	☒	☐	☐	☐
Computer/Technical skills	☒	☐	☐	☐

AREA	E	S	U	NB
Relationship w/ co-workers/supervisor	☒	☐	☐	☐
Relationship w/ students	☒	☐	☐	☐
Relationship w/ parents/community	☒	☐	☐	☐
Writing ability	☒	☐	☐	☐
Organizational ability	☒	☐	☐	☐
Communication ability	☒	☐	☐	☐
Management style	☒	☐	☐	☐
Professional judgment	☒	☐	☐	☐
Overall Performance	☒	☐	☐	☐

Do you have any additional comments about the applicant, which would be helpful to us in making a hiring decision?
Ms. Bernal is a very responsible person and always willing to assist when needed.

SECTION IV *Verification by the recommending administrator.*

Reference check conducted by: Olivia R. Garcia (PLEASE PRINT) ADMINISTRATOR

Principal POSITION/TITLE

O Garcia SIGNATURE

July 21, 2025 DATE

"The Eagle Pass Independent School District is an Equal Opportunity Employer, M/F/D/V."

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

1420 EIDSON ROAD • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

EMPLOYMENT TELEPHONE REFERENCE CHECK

(*Please check one*): ☒ Certified Position ☐ Administrative Position ☐ Classified Position

SECTION I *General/Contact information to be completed by the recommending administrator.*

Applicant's Name: Pamela Bernal

Position Applying For: Teacher Location: Benavides Heights Elementary

Name of Organization/School District/Company **Contacted**: Eagle Pass ISD

Contact Person's Name: Amy Oyervides

Contact Person's Job Title: Instructional Officer

SECTION II *Employment information to be completed by the recommending administrator.*

Dates of Employment - From: August 2024 To: May 2025

Position/Title: Bilingual Instructional Aide

Brief Description of Duties: Ms Bernal assists students understand and complete assignments, adapting instruction to meet individual learning needs.

Would you rehire this person? Yes ☒ No ☐

SECTION III *Reference information to be completed by the recommending administrator.*

Indicate the reference's response by checking: E = Excellent, S = Satisfactory, U = Unsatisfactory, or NB = No Basis to Judge

AREA	E	S	U	NB
Attendance	☒	☐	☐	☐
Punctuality	☒	☐	☐	☐
Dependability	☒	☐	☐	☐
Commitment	☒	☐	☐	☐
Hard-working	☒	☐	☐	☐
Initiative	☒	☐	☐	☐
Innovative	☒	☐	☐	☐
Leadership	☒	☐	☐	☐
Computer/Technical skills	☒	☐	☐	☐

AREA	E	S	U	NB
Relationship w/ co-workers/supervisor	☒	☐	☐	☐
Relationship w/ students	☒	☐	☐	☐
Relationship w/ parents/community	☒	☐	☐	☐
Writing ability	☒	☐	☐	☐
Organizational ability	☒	☐	☐	☐
Communication ability	☒	☐	☐	☐
Management style	☒	☐	☐	☐
Professional judgment	☒	☐	☐	☐
Overall Performance	☒	☐	☐	☐

Do you have any additional comments about the applicant, which would be helpful to us in making a hiring decision?
Ms.Bernal is very organized and is able to connect with students' needs to create a positive learning environment.

SECTION IV *Verification by the recommending administrator.*

Reference check conducted by: Olivia R. Garcia (PLEASE PRINT) ADMINISTRATOR — Principal POSITION/TITLE

SIGNATURE — July 21, 2025 DATE

"The Eagle Pass Independent School District is an Equal Opportunity Employer, M/F/D/V."

Date Run: 10-15-2025 1:56 PM

Teacher Service Record
Eagle Pass ISD

Name: BERNAL (Last) PAMELA (First) (MI)

TEA ID: 3559948665

Employee Signature: _____

Public School Service Record
Eagle Pass ISD
587 Madison
Eagle Pass, TX 78852-5604
(830) 773-5181 County:

(A) State Sick Leave
(B) State Personal Leave Program

School Year	Position Held / District Type	Full Semester	Yrs Exp	% of Day Emp	No Days Emp	Dates of Service From - To		Prior Yr Bal	Earned	Used	Remaining Balance
2024 - 25	INSTRUCTIONAL AIDE PUBLIC		03	100	124.28	08-09-2024 05-01-2025	(A) (B)	.00 .00	.00 37.50	.00 37.50	.00 .00
2023 - 24	INSTRUCTIONAL AIDE PUBLIC		02	100	146.00	08-10-2023 05-24-2024	(A) (B)	.00 .00	.00 37.50	.00 37.50	.00 .00
2022 - 23	INSTRUCTIONAL AIDE PUBLIC		01	100	183.00	08-11-2022 05-25-2023	(A) (B)	.00 .00	.00 37.50	.00 37.50	.00 .00
2021 - 22	INSTRUCTIONAL AIDE PUBLIC		00	100	94.00	01-05-2022 05-26-2022	(A) (B)	.00 .00	.00 18.75	.00 18.75	.00 .00
2019 - 20	SUBSTITUTE TEACHER PUBLIC		00	40	178.00	08-26-2019 06-03-2020	(A) (B)	.00 .00	.00 .00	.00 .00	.00 .00
2018 - 19	SUBSTITUTE TEACHER PUBLIC		00	40	180.00	02-12-2019 06-06-2019	(A) (B)	.00 .00	.00 .00	.00 .00	.00 .00
2016 - 17	TUTOR PUBLIC		00	100	180.00	08-22-2016 05-17-2017	(A) (B)	.00 .00	.00 .00	.00 .00	.00 .00
2015 - 16	SUBSTITUTE TEACHER PUBLIC		00	100	180.00	08-24-2015 06-01-2016	(A) (B)	.00 .00	.00 .00	.00 .00	.00 .00
2014 - 15	SUBSTITUTE TEACHER PUBLIC		00	100	180.00	08-25-2014 06-03-2015	(A) (B)	.00 .00	.00 .00	.00 .00	.00 .00
2012 - 13	SUBSTITUTE TEACHER PUBLIC		00	40	50.00	03-26-2013 06-05-2013	(A) (B)	.00 .00	.00 .00	.00 .00	.00 .00

Authorized Signature: _____
EXECUTIVE DIRECTOR FOR HUMAN RESOURCES

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

Job Title: Teacher

Reports to: Principal

Dept./School: Assigned Campus

Wage/Hour Status: Exempt

Pay Grade/Work Days: 7/8 187

Date Revised: 03/11/2022

Primary Purpose:

Provide students with appropriate learning activities and experiences in the core academic subject area assigned to help them fulfill their potential for intellectual, emotional, physical, and social growth. Enable students to develop competencies and skills to function successfully in society.

Qualifications:

Education/Certification:
Bachelor's degree from accredited university
Valid Texas teaching certificate with required endorsements or required training for subject and level assigned
Demonstrated competency in the core academic subject area assigned
[Physical Education Teachers: Current automated external defibrillator (AED) and cardiopulmonary resuscitation (CPR) certificate]

Special Knowledge/Skills:
Knowledge of core academic subject assigned
General knowledge of curriculum and instruction
Ability to instruct students and manage their behavior
Strong organizational, communication, and interpersonal skills

Experience:
Student teaching, approved internship, or related work experience

Major Responsibilities and Duties:

Instructional Strategies

1. Develop and implement lesson plans that fulfill the requirements of district's curriculum program and show written evidence of preparation as required. Prepare lessons that reflect accommodations for differences in student differences.

2. Plan and use appropriate instructional and learning strategies, activities, materials, and equipment that reflect understanding of the learning styles and needs of students assigned. Present subject matter according to guidelines established by Texas Education Agency, board policies, and administrative regulations

3. Conduct assessment of student learning styles and use results to plan instructional activities.

4. Work cooperatively with special education teachers to modify curricula as needed for special education students according to guidelines established in Individual Education Plans (IEP).

5. Work with other members of staff to determine instructional goals, objectives, and methods according to district requirements.

6. Plan and supervise assignments of teacher aide(s) and volunteer(s).

7. Use technology to strengthen the teaching/learning process.

Student Growth and Development

8. Help students analyze and improve study methods and habits.

9. Conduct ongoing assessment of student achievement through formal and informal testing.

10. Assume responsibility for extracurricular activities as assigned. Sponsor outside activities approved by the campus principal.

11. Be a positive role model for students, support mission of school district.

Classroom Management and Organization

12. Create classroom environment conducive to learning and appropriate for the physical, social, and emotional development of students.

13. Manage student behavior in accordance with Student Code of Conduct and student handbook.

14. Take all necessary and reasonable precautions to protect students, equipment, materials, and facilities.

15. Assist in selection of books, equipment, and other instructional materials.

16. Compile, maintain, and file all reports, records, and other documents required

Communication

17. Establish and maintain open communication by conducting conferences with parents, students, principals, and teachers.

18. Maintain a professional relationship with colleagues, students, parents, and community members.

19. Use effective communication skills to present information accurately and clearly.

Professional Growth and Development

20. Participate in staff development activities to improve job-related skills.

21. Attend and participate in faculty meetings and serve on staff committees as required.

Other

22. Keep informed of and comply with state, district, and school regulations and policies for classroom teachers.

23. Follow district safety protocols and emergency procedures.

Supervisory Responsibilities:

Direct the work of assigned instructional aide(s).

Mental Demands/Physical Demands/Environmental Factors:

Tools/Equipment Used: Personal computer and peripherals; standard instructional equipment; *[P.E. teachers: automated external defibrillator (AED)]*

Posture: Prolonged standing; frequent kneeling/squatting, bending/stooping, pushing/pulling, and twisting

Motion: Frequent walking

Lifting: Regular light lifting and carrying (less than 15 pounds); may lift and move textbooks and classroom equipment

Environment: Work inside, may work outside; regular exposure to noise

Mental Demands: Maintain emotional control under stress; work prolonged or irregular hours

---

This document describes the general purpose and responsibilities assigned to this job and is not an exhaustive list of all responsibilities and duties that may be assigned or skills that may be required.

Approved by _____ Date _____

Reviewed by _____ Date _____

le Run: 08-26-2025 1:51 PM
ty Dist: 159-901

Employee Salary Information
Eagle Pass ISD

Program: HRS1650
Page: 1 of 1

me: PAMELA BERNAL
dress: 747 AVENUE B
EAGLE PASS, TX 78852-0000
one:
iginal Emp Date: 03-26-2013
timated Annual Salary: $0.00
Multi-Job: N W4 Nbr Children Under 17: 1
Other Income: $.00

Emp Nbr: 008909
SSN:
DOB:
Degree: 1 - Bachelor's
Latest Re-Emp Date: 11-29-2021
Retirement Date:
W4 Nbr Other Dependents: 0
W4 Other Deductions: $.00

Yrs Experience District:
Yrs Experience Total:
Yrs Prof Exper District:
Yrs Prof Exper Total:
Creditable Year of Service: ☐
Extract ID: 183
Work Email: pbernal@eaglepassisd.net
W4 Other Exemptions: $.00

04 Frequency: 5
06 Pay Campus: 111
Primary Campus: 111
W4 Filing Status: S

Job Information

ob: INSTRUCTIONAL AIDE
rimary: Y Assigned: 100.00%
rade: 03I
tep:
ched:
acant:
of Days Empld: 183

Begin Date: 08-08-2025
End Date: 05-22-2026
Contract Amount: $24,241.00
Contract Balance: $24,241.00
Local Contract Days: 183
Wholly Sep Amt: $0.00

Months in Contract: 10
Days in Contract:
of Annual Pymts:
Remaining Pymts:
Hourly Rate: $17.66

Payoff Date: 08-31-2026
TRS Status: 1 - Eligible
TRS Position: 03 - Support staff
FICA Eligibility: M - Subject to medicare
WC Code: C
Wkly Hrs Sched: 38

Budget Information

ob: INSTRUCTIONAL AIDE

Account Code	Amount	Percent	Activity	TRS Grant	Exp 373	Acct Type	Extra Duty Cd	Perform Pay
166-11-6129.00-111-525000	$24,241.00	100.000%	80		Y	G		

Salary Calculation

ob: INSTRUCTIONAL AIDE
nnual Salary: $24,241.00
ay Rate: $1,010.04
aily Rate: $132.460

State Min Salary: $0.00
OT Elig: Y
OT Rate: $26.49

State Step:
Yrs in Career Ladder: 0

Leave Information

Type	Description	Beg Bal	Earned	Used	End Bal
03	LOCAL LV	0	0	0	0
08	STATE PR	0	0	0	0

Employee Signature

Date

JC

2025-2026

2025-2026 MASTER RECORD

NAME:	PAMELA BERNAL	ID:	8909
POSITION:	INSTRUCTIONAL AIDE	NUMBER OF DAYS:	183
CAMPUS:	111	HRS. P/DAY:	7.5
		Only required for hourly	

PAY GRADE:		003
SALARY INCREASE:		7.5%
HOURLY INCREASE:	$	1.61
DAILY INCREASE:	$	12.08
TOTAL INCREASE:	$	2,211.00
24-25 SALARY:	$	22,030.00
24-25 DAILY RATE:	$	120.38
24-25 HOURLY RATE:	$	16.05
24-25 OT RATE:	$	24.08
24-25 PAY RATE:	$	917.92
25-26 SALARY:	$	24,241.00
25-26 DAILY RATE:	$	132.46
25-26 HOURLY RATE:	$	17.66
25-26 OT RATE:	$	26.49
25-26 PAY RATE:	$	1,010.04

25-26 PG Min: $ 17.20

If below minimum, requires salary adj.

_____ _____

Verified By Date

_____ _____

Verified By Date

lame: PAMELA BERNAL
ddress: 747 AVENUE B
EAGLE PASS, TX 78852-0000
hone:
riginal Emp Date: 03-26-2013
stimated Annual Salary: $0.00
V4 Multi-Job: N W4 Nbr Children Under 17: 1
V4 Other Income: $.00

Emp Nbr: 008909
SSN:
DOB:
Degree: 1 - Bachelor's
Latest Re-Emp Date: 11-29-2021
Retirement Date:
W4 Nbr Other Dependents: 0
W4 Other Deductions: $.00

Yrs Experience District:
Yrs Experience Total:
Yrs Prof Exper District:
Yrs Prof Exper Total:
Creditable Year of Service: ☐
Extract ID: PR2
Work Email: pbernal@eaglepassisd.net
W4 Other Exemptions: $.00

03 Frequency: 5
05 Pay Campus: 111
Primary Campus: 111
W4 Filing Status: S

Job Information

Job: INSTRUCTIONAL AIDE
Primary: Y Assigned: 100.00%
Grade: 03I
Step:
Sched:
Vacant:
# of Days Empld: 183

Begin Date: 08-09-2024
End Date: 05-23-2025
Contract Amount: $22,030.00
Contract Balance: $8,261.20
Local Contract Days: 183
Wholly Sep Amt: $0.00

Months in Contract: 10
Days in Contract: 0
of Annual Pymts: 24
Remaining Pymts: 9
Hourly Rate: $16.05

Payoff Date: 08-28-2025
TRS Status: 1 - Eligible
TRS Position: 03 - Support staff
FICA Eligibility: M - Subject to medicare
WC Code: C
Wkly Hrs Sched: 38

Budget Information

Job: INSTRUCTIONAL AIDE

Account Code	Amount	Percent	Activity	TRS Grant	Exp 373	Acct Type	Extra Duty Cd	Perform Pay
166-11-6129.00-111-525000	$22,030.00	100.000%	80		Y	G		

Salary Calculation

Job: INSTRUCTIONAL AIDE
Annual Salary: $22,030.00
Pay Rate: $917.92
Daily Rate: $120.383

State Min Salary: $0.00
OT Elig: Y
OT Rate: $24.08

State Step: 00
Yrs in Career Ladder: 0

Leave Information

Type	Description	Beg Bal	Earned	Used	End Bal
01	DOCK	0	0	0	0
08	STATE PR	0	37.500	37.500	0
03	LOCAL LV	0	75.000	75.000	0

Employee Signature

Date

PAYROLL SALARY ADJUSTMENT FORM

Employee Name: Pamela Bernal
ID: 8909
Pay Period: 10/31/2025
Campus: 111
Position: Teacher
Job Code: 0029
Account: 199-11-6119-00-111-611-000
100%

REASON FOR ADJUSTMENT

New Employee: | Special Ed: | Chairperson:
Coaching Stipend: | Master's: | Promotion: XX
Reassignment: | Other: Returning from FMLA & going from Aide at 111 to Teacher at 111.

FICA Eligibility: M | TRS Status: 1 | Pay Type: 1 | Pay Grade: 007
Pay Step: 02 | State Step: 02 | Hrs p/day: 7.5 | Contract amount: $ 60,100.00
Balance: $ 47,244.33 | Annual Pymts: 24 | Remain. Pymts: 21 | # of Months: 10
State Min. Days: 187 | St. Min. Salary: $ 33,660.00 | Hrly Rate: | O/T Rate:
Daily Rate: $ 321.39 | Payoff Date: 8/31/2026 | Wkl Hrs.Schd: 37.5 | TRS Member Pos: 02
Calendar Code: 04 | No. of Days Based on: 187
Contract Begin Date: 9/29/2025 | Contract End Date: 5/22/2026
Effective Date: 9/29/2025 | No. of Days employed: 147

$60,100.00 Contract Amount + Extra Amount + Extra Amount = $ 60,100.00 Total Contract Amount

147 No. of Days to work x $ 321.39 Daily Rate = $ 47,244.33 Total Contract Earned

Description of Extra: Account :
No. of Days to work x Daily Rate = $ - Total Extra Earned

Description of Extra:
No. of Days to work x Daily Rate = Total Extra Earned

2025-2026

Description of Extra:
Total Adj. Contract Amount: $ 47,244.33

Pay Rate x Payments From- To = $ - Contract Paid
Pay Rate x Payments From- To = $ - Contract Paid

Description: Account :
Pay Rate x Payments From- To = $ - Contract Paid

Total Contract Paid: $ -

$ 47,244.33 Contract Balance ÷ 21 No. of Payments 10/31/2025 From 8/31/2026 To = $ 2,249.73 Semi Monthly Payments

Marital Status: | Single/Married | Married Jointly | Head of Household
Children under 17: | Other Dep: | Additional Withholding: $ -

Bank Account Number | Bank Routing Number | Bank Code

Note:

10-7-25
Asst. Business Admin. Director

10/7/25
Asst. Business Admin. Director

10.9.25
Payroll Director

PAYROLL DEPARTMENT
EMPLOYEE CHECKLIST FORM

EMPLOYEE NAME: Berna, Pamela ID: 8909

NEW EMPLOYEE ☐ CURRENT EMPLOYEE ☑

FULL TIME ☑ SUPPLEMENTAL/PROMOTION ☑

PART TIME W/BEN. ☐ REASSIGNMENT/TRANSFER ☐

PART TIME ☐ RESIGNATION/TERM. ☐

SUBSTITUTE ☐ LEAVE ☐

NEW EMPLOYEE ONLY	YES	ON FILE	N/A
1. DIRECT DEPOSIT FORM	☐	☑	☐
2. W-4 FORM	☐	☑	☐
3. KRONOS ENROLLMENT (Hourly Only)	☐	☐	☑
4. SOCIAL SECURITY STATEMENT FORM Full Time or Part Time with Benefits Only	☐		☐

CURRENT EMPLOYEE ONLY	YES	NO	INITIAL/DATE
5. SUPT/BOARD AGENDA	☑	☐	~
6. F-230 REQ.#: _____	☑	☐	~

DATE: _____ CONTACT: _____ INITIAL: _____

DATE: _____ CONTACT: _____ INITIAL: _____

DATE: _____ CONTACT: _____ INITIAL: _____

DATE: _____ CONTACT: _____ INITIAL: _____

DATE: _____ CONTACT: _____ INITIAL: _____

NOTE:

1) Must advise Payroll Director if F-230 in inbox more **than two (2) consecutive days.**

2) Must advise Bus. & Finance Director if F-230 in inbox more than **three (3) consecutive days.**

DATE: _____ CONTACT: _____ INITIAL: _____

DATE: _____ CONTACT: _____ INITIAL: _____

Eagle Pass Independent School District
Human Resources Employee Status Change Form
587 Madison St. - Eagle Pass, Texas 78852

F-230 #: 2582

School Board Agenda Required: , YES,
Superintendent's Agenda Required: , YES, 8/19/2025
HR Employee Letter Required: , YES
Employee Required Information
Hired_in_vacancy_New_Position
Employee Status: Current Employee

Employee ID: 8909
Employee Name: PAMELA BERNAL,
Current Position Information: INSTRUCTIONAL AIDE, Pay Grade:003, No. Days: 183, Campus/Dept.: 111 - Benavides Elem.

New Position Information as applicable
New Position:TEACHER,Pay Grade: 007, No. Days: 187, Campus/Dept: 111 - Benavides Elem.

Please select one: Non-TRS Retiree

Non-TRS Retiree: Equivalent Hrs per Week: ,
%FTE: 100, Hours per Day/Month:

TRS Retiree: Equivalent Hrs per Week:, %FTE:,
Hours per Month:

Yes

Section 1: Previous Employee Information
Employee Replacement Information:
Employee ID: 1403, Employee Name: MARIBEL SANTOS, Position:
TEACHER, Campus/Dept.: , Pay Grade: , Working Days: , Hours per Week:

Section 2: Supplemental
Current: - - ,

Add: - - ,

Delete: - -

Previous Employee Information: Employee Name: , Employee ID: ,

Section 3: Employee Leave

Section 4: Start/End Dates
Start Date: 9/29/2025 End Date:

Section 5: Additional Information for Change
PAMELA BERNAL WAS HIRED AS A TEACHER EFFECTVE 09/29/25

Section 6: Account Number(s)
Current Account: 166-11-6129-00-111-5-25000-Percentage: 100 %

New Account: 199-11-6119-00-111-6-11000-Percentage: 100 %

F-230 Notes by Deputy Supt. for B&F:

Approved By

Step	Name	Account	Date
Form Submitted	Gabriela M. Thatcher	gthatcher@eaglepassisd.net	08/14/2025 03:28 PM
Create Req #	Workflow	_workflow	08/14/2025 03:28 PM
Organization Approval	Olivia R. Garcia	ogarcia@eaglepassisd.net	10/02/2025 11:38 AM
DSC Approval	John Cox	jcox@eaglepassisd.net	10/02/2025 12:25 PM
Organization Approval	Jaime H. Gonzalez	jgonzalez7@eaglepassisd.net	10/03/2025 08:01 AM
Organization Approval	Jesus A. Costilla	EPISD\jcostilla	10/03/2025 01:26 PM
DSC Approval	Tohui L. Valero	EPISD\tvalero	10/03/2025 02:55 PM
DSC Approval	Gaby Vandermaal	EPISD\gvandermaal	10/03/2025 03:00 PM
Deputy Supt. For Business and Finance Approval	Ismael Mijares	EPISD\imijares	10/03/2025 03:56 PM

Verified by Human Resources

1. _____ Date: _____

2. _____ Date: _____

XC. _____ Date: _____

Verified by Payroll

1. [signature] Date: 10.7.25

2. Ana Karina Ojeda Date: 10/7/25

XC. 10.31.25 Date: _____

APPROVED F-230

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

Mastered for Excellence

October 2, 2025

Pamela Bernal #8909
747 Avenue B
Eagle Pass, TX. 78852

Dear Ms. Bernal,

This letter is to inform you that as a current employee you have been approved for a new position. You have been approved for the position of Teacher at Benavides campus. Your annual salary will be $60,100.00, your pay grade is 07 you will work 187 days and your funding account will be 199-11-6119-00-111-611-000. In accordance with the information, you have provided your first date of employment will be 09/29/25.

You will be expected to report to your campus on the date stated above. Please contact your immediate supervisor Olivia Garcia for further details.

Please feel free to contact me at (830) 773-5181 should you have any questions.

Sincerely,

Peter M. Sr

/m Jesus Arturo Costilla
Executive Director for Human Resources

Verified by: Olivia Olivia 10/2/25
Human Resources Date

XC: Olivia Garcia, Principal
Employee file

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
HUMAN RESOURCES EMPLOYEE STATUS FORM HR-230
THIS FORM MUST BE PREPARED BY THE HUMAN RESOURCES DEPARTMENT

{A} Employee Status: ☐ New ☒ Current ☒ Full-Time ☐ Part-Time ☐ Sub ☐ TRS Retiree Yes ☐ No ☒

☐ Other: _____ Fringe Benefits: ☒ Yes ☐ No Hrs per Week: _____

Name: Bernal (Last) Pamela (First) _____ (M.)

I.D. /Soc Sec #: 8909 Campus/Dept: 111-BENAVIDES

Degree: ☐ BA/BS ☐ MA/MS Pay Grade: 3 Work Days: 183 Years of Exp: _____

Job Title: Instructional Aide Job Code: 0031

Effective Date of Change: 8/20/25 Board/Supt. Agenda Date: 8/19/25

Account Code(s): see attachment

{B} Salary or Rate (Salary Calculation Form Attached):

☐ Pay Grade Minimum ☐ Per Supplemental/Salary Schedule

☐ Hourly Rate _____ ☐ Other _____

{C} Employee Status Change (HR Employee Letter Attached as applicable):

☐ FMLA ☐ WC ☐ Extended Leave ☒ New Job Title Teacher

☐ Pay Grade Reclassification ☒ New Job Code 0029

☒ Promotion ☒ New Pay Grade 07

☐ Resignation/Termination ☐ Reassignment

☐ Retirement ☐ Transfer

☐ Supplemental ☐ Add ☐ Delete ☒ Other Work Days 187

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SCHOOL YEAR
2025-2026

Additional Info: see attachment

Account Code(s): _____

1.) _____ 8/13/25
HUMAN RESOURCES OFFICER DATE

2.) _____ 8/13/25
EXECUTIVE DIRECTOR FOR HR DATE

3.) _____ 8-13-25
DEPUTY SUPT. FOR BUS. & FIN. DATE

4.) _____
SUPERINTENDENT DATE

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF HUMAN RESOURCES
SALARY CALCULATION FORM
(EMPLOYEE FILE)

NAME: Pamela Bernal **ID#:** 8909
PREVIOUS EMPLOYEE: Maribel Santos **ID#:** 1403
(AS APPLICABLE)

I. ASSIGNMENT **Change effective date:**

VACANCY: ☒ **NEW POSITION:** ☐ **Other:** ☐

POSITION:	Teacher	**PREVIOUS POSITION:**	Instructional Aide
LOCATION:	Benavides	**LOCATION:**	Benavides
PAY GRADE:	07	**PAY GRADE:**	03
BASE PAY:	$60,100.00	**BASE PAY:**	$22,030.00
ADDITIONAL PAY:	$	**ADDITIONAL PAY:**	$
STIPEND(S):	$	**STIPEND(S):**	$
TOTAL PAY:	$60,100.00 **HRS:**	**TOTAL PAY:**	$22,030.00 **HRS:**
DAILY/HRLY RATE:	$321.39 **DAYS:** 187	**DAILY/HRLY RATE:**	$120.38 **DAYS:** 183
TRAVEL:	$	**TRAVEL:**	$
ACCOUNT CODE:	199-11-6119-00-111-511-000 100%	**ACCOUNT CODE:**	166-11-6129-00-111-525-000 100%

*May not add up due to rounding.

II. CERTIFICATION

CURRENTLY CERTIFIED: YES: ☒ NO: ☐ N/A: ☐

CERTIFICATION AREA(S): Core Subjects with STR (EC-6)

STANDARD: ☐ **ALTERNATIVE:** ☐ **NON-RENEWABLE PERMIT:** ☐

EMERGENCY PERMIT: **OTHER:** Emergency Permit

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SCHOOL YEAR
2025-2026

III. EXPERIENCE

EPISD (PARA-PROF) EXPERIENCE: 2 year(s) **EPISD (PROF) EXPERIENCE:** 0 year(s)

OTHER EXPERIENCE: 0 year(s) **TOTAL EXPERIENCE:** 2 year(s)

PROFESSIONAL PAY STEP EXPERIENCE: 2 year(s)

VERIFIED: Pam M. Bernal 8/4/25
Human Resources Officer

8.4.25
Payroll Director

APPROVED: 8/13/25
Executive Director for HR

8-13-25
Deputy Superintendent for B&F

This form is required when there is a change in Base Pay, Additional Pay, Stipend(s) included with annual salary, and Travel as approved on a Superintendent's Agenda or at a School Board Meeting as applicable. This form is not required for employee pay increases recommended by the Superintendent and approved by the School Board as part of the Annual Budget.

FOR PAYROLL USE ONLY*

PROCESSED BY: 8-21-25
HUMAN RESOURCES/PAYROLL DATE

*VERIFIED BY: 10/7/25
HUMAN RESOURCES/PAYROLL DATE

EFFECTIVE PAY PERIOD: 9-15-25

*EMPLOYEE THAT VERIFIES MAY NOT COMPLETE THE *FOR PAYROLL USE* ONLY SECTION. DIFFERENT EMPLOYEE MUST PROCESS AND VERIFY *FOR PAYROLL USE* SECTION.
**MUST ATTACH COPY OF THE ITCCS REGION 20 WPR5321 EMPLOYEE PAY INFORMATION SCREEN AND PROVIDE HR AND RISK MANG. DIR. WITH COPY OF FULLY SIGNED FORM

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

587 MADISON ST. • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

NOTICE OF POTENTIAL OR ANTICIPATED VACANCIES

With new posting requirements, we are trying to anticipate vacancies that could occur during the school year. We encourage all applicants interested to be sure to apply for these and other positions throughout the school year.

PROFESSIONAL POSITIONS

As school starts, there may be a need to add classroom teachers as student enrollment increases beyond classroom caps or recommended district standards. Some of the professional positions below could be impacted:

Pre-Kindergarten
Bilingual Pre-Kindergarten
Kindergarten
Bilingual Kindergarten
First Grade
Bilingual First Grade
Second Grade
Bilingual Second Grade
Third Grade
Third Grade Bilingual
Fourth Grade
Bilingual Fourth Grade
Fifth Grade
Bilingual Fifth Grade
Sixth Grade
Bilingual Six Grade
Special Education (all levels)
Mathematics (MS or HS)
English/Language Arts (MS or HS)
Science (MS or HS)
Social Studies (MS or HS)
Speech Communications (MS or HS)
Journalism (HS)
Career & Technology Education (MS or HS)

PARAPROFESSIONAL POSITIONS

We encourage applicants to submit applications in the event a position becomes available. If you have a valid application on file, make sure and submit a letter of intent when a vacancy for which you are interested occurs.

Instructional Aide (Regular, Physical Ed and Library)
Instructional Tech Classroom Manager
General Clerk/Aide
Special Education Aide
Secretary

APPLICATION PROCEDURES AND DEADLINE

Applications for these and other positions will be accepted at any time. For information please call the following numbers:

830/773-5181 ext 72708 – Professional

830/773-5181 ext 72704 - Paraprofessional

PLEASE NOTE: As appropriate, persons interested in a position must submit an APPLICATION, RESUME, TRANSCRIPTS, and PROPER CERTIFICATION to the Department of Human Resources by the deadline date.

Applications available: www.eaglepassisd.net

Date Posted: August 13, 2024

Positions May Not Be Available At Time of Posting: Updated As Needed

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
PROFESSIONAL HIRING SCHEDULE
2025-2026

BASED ON $60,000 STARTING SALARY

STARTING SALARY FOR CLASSROOM TEACHERS WITH ZERO (0) YEARS OF EXPERIENCE WHO DO NOT HOLD A CERTIFICATE UNDER TAC SECTION 21.0412(A)(1), (2), OR (3) IS $3,000 LESS THAN STARTING SALARY. OTHER PROFESSINAL POSITIONS, INCLUDING PREVIOUSLY EMPLOYED DISTRICT EMPLOYEES, WILL BE PAID BASED ON THE MINIMUM OF THE PROFESSIONAL HIRING SCHEDULE PAY STEP OR AS APPROVED BY THE SUPERINTENDENT.

PAY STEP EXPERIENCE	STATE MINIMUM	LOCAL SALARY*
0	33,660	60,000
1	34,390	60,050
2	35,100	60,100
3	35,830	60,150
4	37,350	60,200
5	38,800	60,300
6	40,410	60,400
7	41,830	60,500
8	43,170	60,600
9	44,440	60,700
10	45,630	60,800
11	46,770	60,900
12	47,850	61,000
13	48,850	61,100
14	49,810	61,200
15	50,710	61,300
16	51,570	61,400
17	52,370	61,500
18	53,140	61,600
19	53,860	61,700
20**	54,540	61,800

PROFESSIONAL SUPPORT POSITIONS	ADDITIONAL PAY***
BUSINESS & SPECIAL EVENTS OFFICER	6,500
COUNSELOR- HEAD HIGH SCHOOL	10,000
COUNSELOR- HEAD JR. HIGH	7,000
COUNSELOR - LICENSED PROFESSIONAL	7,000
COUNSELOR	6,000
LIBRARIAN: LEARNING RESOURCE CERTIFICATION	5,000
LIBRARIAN: LEARNING RESOURCE ENDORSEMENT	4,750
SPECIAL EDUCATION:	
ASSESSMENT SPECIALIST	4,000
DIAGNOSTICIAN	7,000
LICENSED SPECIALIST- SCHOOL PSYCHOLOGY	8,500
LICENSED SPEECH PATHOLOGIST	17,000
PHYSICAL THERAPIST	6,000
PHYSICAL THERAPIST ASST.	5,000
SPEECH THERAPIST	6,000
SPEECH PATHOLOGIST ASSISTANT	5,000
TEACHER-AUDITORY/VISUALLY IMPAIRED	4,000
PEP SUPERVISOR	1,500
PUBLIC I... OFFICER	5,500
REGISTEF	2,150
SOCIAL V	1,500

...ASED ON 187 WORKING DAYS AND IS PRORATED BASED ON ADDITIONAL WORKIN... L SALARY STEP INCREASE IS NOT
...IS PART OF THE OVERALL SALARY APPROVED AT THE DISCRETION OF THE BOA...
...NS, AND RNS, INCLUDING PREVIOUSLY EMPLOYEED SCHOOL DISTRICT EMPLOY... AL HIRING SCHEDULE
...E. HIRED OR REHIRED EMPLOYEES WITH OVER 20 YEARS OF EXPERIENCE WILL...
...R SPECIFIC *PROFESSIONAL SUPPORT POSITIONS* AND IS PRORATED BASED ON...

SCHOOL YEAR 2025-2026

60,100•00
187• =
321•390 *
0•000 *
0•000 *

INCLUDES:

- BUSINESS & SPECIAL EVENTS OFFICER (226 DAYS)
- BUSINESS OPERATIONS MANAGER (238 DAYS)
- COUNSELOR (192-226 DAYS)
- HR OFFICER (226 DAYS)
- LIBRARIAN (187 DAYS)
- MICROCOMPUTER TECH. (226 DAYS)
- PEIMS DATA ANALYST (226 DAYS)
- PEP SUPERVISOR (226 DAYS)
- PUBLIC INFO. OFFICER (22...
- REGISTERED NURSES (192...
- SCHOOL FACILITIES SUPEI...
- SOCIAL WORKER (192 DAY...
- SP. ED. ASSESSMENT SPE...
- SP. ED. AUDIOTORY/VISUA...
- SP. ED. DIAGNOSTICIAN (2...
- SP. ED. LICENSED SPECIA...

8.4.21

0 • *
60 • 100 • =
187 • =
321 • 390374331 *
0 • *

- ...NSED SPEECH PATHOLOGIST (202 DAYS)
- ...UPATIONAL THERAPIST (202 DAYS)
- ...ECH PATHOLOGIST ASST. (202 DAYS)
- ...SICAL THERAPIST ASST. (202 DAYS)
- ...SICAL THERAPIST (202 DAYS)
- ...ALUATOR (226 DAYS)
- ...ND WAREHOUSE OPERATIONS (238 DAYS)
- ...87-217 DAYS)
- ...R (226 DAYS)

Year: C Frequency: 5 Change

Employee: 008909 : BERNAL, PAMELA

Delete	Details	Job Code	Extra Duty	Account Type	Account Code	Amount	Percent
		0031 - INSTRUCTIONAL AIDE		G	166-11-6129.00-111-525000	22,030.00	100.000%
					Total:	22,030.00	100.000%

Rows: 1 of 1

Job Code:

Extra Duty Code:

Account Type: G Standard gross pay

Account Code: 166-11-6129.00-111-525000

SALARIES/WAGES-SUPPORT PERS

Amount: 22,030.00 out of 22,030.00

Percent: 100.000%

Activity Code: 80 Base Salary

TRS Grant Code:

Worker's Comp Code: CLASS C- PROFESSIONA

Expense 373: Y Account used in ASB distr

Employer Contribution: ☑

Performance Pay: ☐

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SCHOOL
2025

Benavides Heights Elementary

1750 Mesa Drive • Eagle Pass, TX 78852
Tel. (830) 758-7006 • Fax (830) 758-0216
Olivia R. Garcia – Principal
Amy Oyervides – Instructional Officer

TO: Samuel Mijares, Superintendent of Schools

FROM: Olivia R. Garcia, Benavides Heights Elementary Principal

DATE: July 21, 2025

SUBJECT: Recommendation for Pamela Bernal

The Interviewing Committee, consisting of three persons, met on July 21, 2025 to interview applicants for a teacher position. There was one applicant. The Interviewing Committee recommends Pamela Bernal for the position.

Interviewing Committee:

Olivia R. Garcia	Agree [X]	Disagr [ ]
Amy Oyervides	Agree [X]	Disagree [ ]
Priscilla Luna	Agree [X]	Disagree [ ]
	Agree [ ]	Disagree [ ]
	Agree [ ]	Disagree [ ]

NOTE: Principal/Administrator will ensure that none of the interviewing committee members is related to the persons selected for interviews.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

1420 EIDSON ROAD • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

PERSONNEL RECOMMENDATION FORM

(*Please check one*): ☒ Certified Position ☐ Administrative Position ☐ Classified Position

Candidate's Name: Pamela Bernal Position/Title/Grade Level: Teacher

Location: Benavides Heights Elementary Bilingual Position: ☐ Yes ☒ No

Names of those interviewed	Certification			
Pamela Bernal	☐ Life	☒ Standard	☐ Probationary	☐ N/A
	☐ Life	☐ Standard	☐ Probationary	☐ N/A
	☐ Life	☐ Standard	☐ Probationary	☐ N/A
	☐ Life	☐ Standard	☐ Probationary	☐ N/A
	☐ Life	☐ Standard	☐ Probationary	☐ N/A

Does the recommended candidate meet the requirements for the position? Yes ☒ No ☐

Did you follow the hiring procedures in DC (Legal/Local)? Yes ☒ No ☐

List justification for selecting candidate (i.e. strengths, experience, specialized skills, include reasons for selecting someone w/probationary vs. standard or life certificate if this is appropriate to your recommendation).

The committee recommends Pamela Bernal for the position based on her abilities and qualifications. The commmitte feels that Pamela Bernal will be able to meet the needs of our student population. Miss Bernal is well versed in creating interactive lessons, incorporating technology and managing classroom dynamics.

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2025-2026

List the names of interviewing committee.

Olivia R. Garcia, Amy Oyervides and Priscilla Luna

ADMINISTRATIVE RECOMMENDATION

"I am recommending this candidate for the above-named position. The candidate is the best applicant to meet our specific campus needs."

O Garcia — 7/21/25

Signature of Location Administrator **Date**

"The Eagle Pass Independent School District is an Equal Opportunity Employer, M/F/D/V."

HR 09/29/10

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

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EMPLOYMENT TELEPHONE REFERENCE CHECK

(Please check one): ☒ Certified Position ☐ Administrative Position ☐ Classified Position

SECTION I *General/Contact information to be completed by the recommending administrator.*

Applicant's Name: Pamela Bernal

Position Applying For: Teacher Location: Benavides Heights Elementary

Name of Organization/School District/Company **Contacted**: Eagle Pass ISD

Contact Person's Name: Jose L. Negrete

Contact Person's Job Title: Eagle Pass High School Teacher

SECTION II *Employment information to be completed by the recommending administrator.*

Dates of Employment - From: February 2022 To: May 2024

Position/Title: Bilingual Instructional Aide

Brief Description of Duties: Ms. Bernal would provide small group instruction to reinforce classroom lessons and provide feedback to teacher.

Would you rehire this person? Yes ☒ No ☐

SECTION III *Reference information to be completed by the recommending administrator.*

Indicate the reference's response by checking: E = Excellent, S = Satisfactory, U = Unsatisfactory, or NB = No Basis to Judge

AREA	E	S	U	NB
Attendance	☒	☐	☐	☐
Punctuality	☒	☐	☐	☐
Dependability	☒	☐	☐	☐
Commitment	☒	☐	☐	☐
Hard-working	☒	☐	☐	☐
Initiative	☒	☐	☐	☐
Innovative	☒	☐	☐	☐
Leadership	☒	☐	☐	☐
Computer/Technical skills	☒	☐	☐	☐

AREA	E	S	U	NB
Relationship w/ co-workers/supervisor	☒	☐	☐	☐
Relationship w/ students	☒	☐	☐	☐
Relationship w/ parents/community	☒	☐	☐	☐
Writing ability	☒	☐	☐	☐
Organizational ability	☒	☐	☐	☐
Communication ability	☒	☐	☐	☐
Management style	☒	☐	☐	☐
Professional judgment	☒	☐	☐	☐
Overall Performance	☒	☐	☐	☐

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Do you have any additional comments about the applicant, which would be helpful to us in making a hiring decision?
Ms. Bernal is a very responsible person and always willing to assist when needed.

SECTION IV *Verification by the recommending administrator.*

Reference check conducted by: Olivia R. Garcia (PLEASE PRINT) — ADMINISTRATOR

Principal — POSITION/TITLE

O Garcia — SIGNATURE

July 21, 2025 — DATE

"The Eagle Pass Independent School District is an Equal Opportunity Employer, M/F/D/V."

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

1420 EIDSON ROAD • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

EMPLOYMENT TELEPHONE REFERENCE CHECK

(*Please check one*): ☒ Certified Position ☐ Administrative Position ☐ Classified Position

SECTION I *General/Contact information to be completed by the recommending administrator.*

Applicant's Name: Pamela Bernal

Position Applying For: Teacher Location: Benavides Heights Elementary

Name of Organization/School District/Company **Contacted**: Eagle Pass ISD

Contact Person's Name: Amy Oyervides

Contact Person's Job Title: Instructional Officer

SECTION II *Employment information to be completed by the recommending administrator.*

Dates of Employment - From: August 2024 To: May 2025

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PAYROLL DEPT
AUG 21 2025
SCHOOL YEAR
2025-2026

Position/Title: Bilingual Instructional Aide

Brief Description of Duties: Ms. Bernal assists students understand and complete assignments, adapting instruction to meet individual learning needs.

Would you rehire this person? Yes ☒ No ☐

SECTION III *Reference information to be completed by the recommending administrator.*

Indicate the reference's response by checking: E = Excellent, S = Satisfactory, U = Unsatisfactory, or NB = No Basis to Judge

AREA	E	S	U	NB	AREA	E	S	U	NB
Attendance	☒	☐	☐	☐	Relationship w/ co-workers/supervisor	☒	☐	☐	☐
Punctuality	☒	☐	☐	☐	Relationship w/ students	☒	☐	☐	☐
Dependability	☒	☐	☐	☐	Relationship w/ parents/community	☒	☐	☐	☐
Commitment	☒	☐	☐	☐	Writing ability	☒	☐	☐	☐
Hard-working	☒	☐	☐	☐	Organizational ability	☒	☐	☐	☐
Initiative	☒	☐	☐	☐	Communication ability	☒	☐	☐	☐
Innovative	☒	☐	☐	☐	Management style	☒	☐	☐	☐
Leadership	☒	☐	☐	☐	Professional judgment	☒	☐	☐	☐
Computer/Technical skills	☒	☐	☐	☐	Overall Performance	☒	☐	☐	☐

Do you have any additional comments about the applicant, which would be helpful to us in making a hiring decision?
Ms.Bernal is very organized and is able to connect with students' needs to create a positive learning environment.

SECTION IV *Verification by the recommending administrator.*

Reference check conducted by: Olivia R. Garcia (PLEASE PRINT) — ADMINISTRATOR

Principal — POSITION/TITLE

SIGNATURE

July 21, 2025 — DATE

"The Eagle Pass Independent School District is an Equal Opportunity Employer, M/F/D/V."

HR 09/29/10

Sul Ross State University
A Member of the Texas State University System

Phone (RGC) (830) 703-4834

Department of Education

Dr. Tonya Senne Ed. D.
Director of Education and Certification

Date: December 18, 2024

Dear, Mr. Costilla,

I hope this letter finds you well. I am writing to formally inform you that Pamela Bernal has successfully completed her Student Teaching experience here at Sul Ross State University.

Pamela has now transitioned into the next phase of her professional development as she works diligently to pass the required certification exams. We have full confidence that she will continue to excel in her efforts and meet the necessary criteria to obtain her teaching certification.

Should you require any additional information regarding her student teaching experience or her progress toward certification, please feel free to reach out. We appreciate your continued support of Pamela's journey, and we look forward to hearing of her future successes in the education field.

Tonya Senne

Tonya Senne, Ed. D.
Director of Education and Certification

Non-Renewable Permit - Fee $57

State Board for Educator Certification (SBEC) rules require permit fees to be paid by the requesting school District.

Office of Educator Certification and Testing

Texas Education Agency

The employing School District must maintain this form in the district's personnel office after processing is completed.

Last Name	First Name	Initial
Bernal	Pamela	

TEA ID Number: 1985278

Have you ever been the subject of an arrest that has resulted in deferred adjudication, probation or conviction? ( ) Yes (•) No

If **YES**, attach a statement with the date and place of arrest, nature of charge, date and court trial, and subsequent disposition.

Applicant's Status *(Select Only One)*

[X] "I have completed all courses and degree requirements of a Texas educator preparation program, except for successful completion of all appropriate certification examinations. I have been advised and understand that I must successfully complete all appropriate examinations within 12 months of the beginning date of my teaching duties. I understand that no renewal of this permit is available and to continue my employment I must successfully complete the appropriate examinations prior to the expiration of this non-renewable permit."

[ ] "I possess a Texas teacher certificate which lists a validity date prior to May 1, 1986, I was not employed in a Texas school during the 1985-86 school year or subsequent years, and have not successfully completed the appropriate examination requirements. I have been advised and understand that is approved, this permit will be valid for 6 months or through the end of the school year whichever is less. I further understand that no renewal of this permit is available; and to continue my employment, I must successfully complete the appropriate examination prior to the expiration of this non- renewable permit."

RECEIVED PAYROLL DEPT AUG 2 4 2025 SCHOOL YEAR

Applicant's Affidavit *(All applicants must execute this affidavit)*

" I do hereby agree, consent and direct that any person or entity maintaining information in any form relating to my criminal history shall release all such information upon the request of the Texas Education Agency."

"I do further hereby agree and permit the Texas Education Agency to obtain from any person or entity information relating to my personal background, my moral character and my worthiness to instruct the youth of this state, and do hereby expressly direct that any such person or entity release such information upon the request of the Texas Education Agency."

"I do hereby release, discharge and exonerate the Texas Education Agency, its agents or representatives, and any person or entity so furnishing information from any kind and all liability of every kind arising therefrom."

"The foregoing consent and release is valid and binding so long as I hold or seek my certification license permit or other credential issued under the authority of the Texas Education Code."

"I understand that any credential issued to me by the Texas Education Agency is the property of the State of Texas. I agree that I will tender my credential to the Texas Education Agency if I am ordered to do so by the Texas Education Agency."

Non-Renewable Permit - Fee $57

State Board for Educator Certification (SBEC) rules require permit fees to be paid by the requesting school District.

Office of Educator Certification and Testing

Texas Education Agency

Applicant's Affidavit continued *(All applicants must execute this affidavit)*

"I understand that a copy of this affidavit shall have the same force as the original"

"I have reviewed this application and I affirm that all of the information which I have provided on the application and the attached documents is true."

Date	Drivers License/State ID Number
Applicant's Signature	

To be Completed by the Employing School District

Note: A Nonrenewable Permit may not be activated for a teacher in the same assignment area for which another type of permit has previously been activated. If the applicant lacks more than successful completion of the appropriate examination requirement(s) (e.g. semester hour deficiencies) for the assignment as indicated above the district must file an Emergency Permit or Temporary Classroom Assignment Permit (TCAP) for full permit coverage.

Rules relating to permits may be found in the Texas Administrative Code, Chapter 230 Subchapter F, Permits

Assignment Data

County/District Number	Beginning date of teaching duties for this permit assignment
159901	

Description of Assignment	Grades Taught Low	Grades Taught High
Elementary Self Contained	01	06

RECEIVED
PAYROLL DEPT
AUG 21 2024
SCHOOL YEAR

Superintendent's Affidavit

"I have been unsuccessful in efforts to employ a fully certified and qualified individual for the assignment specified in this permit request. The individual named above is the best qualified teacher available for the assignment. I verify that the applicant's certification or eligibility for certification is appropriate for the level and subject area(s) of assignment indicated above. I have advised the applicant that no renewal of this permit is available and that continued employment is contingent on successful performance on the appropriate examinations(s) prior to the expiration of this permit."

Name of Superintendent or Authorized Representative	Date
Signature of Superintendent or Authorized Representative	

Year: C Frequency: 5 Change

Employee: 008909 : BERNAL, PAMELA

Pay Status: 2 Inactive

Pay Campus: 900 INACTIVE

Pay Dept:

Dock Rate: 17.660

Tax Exempt: ☐

Unemployment Elig: ☑

FICA Eligibility: M Subject to medicare

W4 Marital Status: Single

Nbr of Exemptions: 0

IRS Lock-In Letter: ☐

W-4 Withholding Certificate

1: Filing Status: S Single or Married filing separately

2: Multi-Jobs: ☐

3: Children under 17: 1

3: Other Dependents: 0

3: Other Exemptions: 0.00

4a: Other Income: 0.00

4b: Other Deductions: 0.00

TRS

Status: 1 Eligible

Begin Date: 01-05-2022

04-04-2022

FSP Staff Salary Data

Health Ins Code: Y Eligible participating h

FSP Staff Data Code: F Full-Time

Totals

State Min. Salary:	0.00
Extra Duty:	0.00
Contract Amt:	24,241.00
Contract Balance:	24,241.00

Extra Duty Pay

Delete	Remain Amt	Remain Pymts
No Rows		

Bank Info

Delete				
815 - IBC-COMMERCE BANK - EAGLE PASS,TX		2 Checking account	☐	0.00

 | Help

Employee: 008909 : BERNAL, PAMELA

Delete Selected

Non-contracted emp

Rows: 1 of 1

Primary Campus: 900 INACTIVE

Dept:

Contract Info

Pay Type: 2 Non-contracted emp Pay Grade: 031 Pay Step: Sched Max Days: Hrs Per Day: 7.500 Incr Pay Step: ☑

Total: 24,241.00 Balance: 24,241.00 # of Annual Pymts: 24 Remaining Pymts: 24 Concept: Use midpoint table

# of Months in Contract: 10 State Min Days: 000 TRS - Non contract Base Annual: 26,077.50

Daily Rate: 132.460 = Contract Total: 24,241.00 / # of Days Empld: 183 # Days Off: 0.0 Vacant Job: ☐

Pay Rate: 1,010.04 = Contract Total: 24,241.00 / # Annual Pymts: 24 Payoff Date: 08-31-2026 Wkly Hrs Sched: 38

Reg Hrs Worked: 0.00 OVTM Elig: ☑ OVTM Rate: 26.49 Hrly Rate: 17.66 Exempt Status: ☐ EEOC: 13 Teacher aides

State Info

State Step: ☐ Yrs in Career Ladder: TRS Year: ☐ TRS Member Pos: 03 Support staff Wholly Sep Amt: 0.00

State Min Salary: 0.00 = Foundation Daily Rate: 0.000 X % Assigned: 100% X # of days Empld 183 Retiree Exception:

Calendar/Local Info

Calendar Cd: 02 - 183 DAYS Begin Date: 08-08-2025 End Date: 05-22-2026 # of Days Empld: 183 Exclude Days for TEA: ☐

Years Job Exp: 0 Local Contract Days: 183

Workers' Comp Info

WC Code: C CLASS C- PROFESSIONA 0.004500 WC Ann Pymts: 24 WC Remain: 24

Accrual Info

Code: ☐ Accrual Rate 0.000 = Total 24,241.00 / # of Days Empld 183

 | Help

Maintenance > Staff Job/Pay Data

Payroll

EP000010067

13

Year: C Frequency: 5

Change

Employee: 008909 : BERNAL, PAMELA

Delete	Details	Job Code	Extra Duty	Account Type	Account Code	Amount	Percent
		0031 - INSTRUCTIONAL AIDE		G	166-11-6129.00-111-625000	24,241.00	100.000%
					Total:	24,241.00	100.000%

Rows: 1 of 1

Job Code:

Extra Duty Code:

Account Type: G Standard gross pay

Account Code: 166-11-6129.00-111-625000
SALARIES/WAGES-SUPPORT PERS

Amount: 24,241.00 out of 24,241.00

Percent: 100.000%

Activity Code: 80 Base Salary

TRS Grant Code:

Worker's Comp Code: CLASS C- PROFESSIONA

Expense 373: Y Account used in ASB distr

Employer Contribution: ☑

Performance Pay: ☐

 | Help

Employee: 008909 : BERNAL, PAMELA

Delete	Leave Type				
	03 - LOCAL SICK LEAVE	0.000	0.000	0.000	0.000
	08 - STATE PERSONAL LEAVE	0.000	0.000	0.000	0.000

Year: C Frequency: 5 Change

Employee: 008909 : BERNAL, PAMELA

Pay Status: 1 Active

Pay Campus: 111 BENAVIDES ELEMENTARY

Pay Dept:

Dock Rate: 321.390

Tax Exempt: ☐

Unemployment Elig: ☑

FICA Eligibility: M Subject to medicare

W4 Marital Status: Single

Nbr of Exemptions: 0

IRS Lock-In Letter: ☐

W-4 Withholding Certificate

1: Filing Status: S Single or Married filing separately

2: Multi-Jobs: ☐

3: Children under 17: 1

3: Other Dependents: 0

3: Other Exemptions: 0.00

4a: Other Income: 0.00

4b: Other Deductions: 0.00

TRS

Status: 1 Eligible

Begin Date: 01-05-2022

04-04-2022

FSP Staff Salary Data

Health Ins Code: Y Eligible participating H

FSP Staff Data Code: F Full-Time

Totals

State Min. Salary: 34,653.00

Extra Duty: 0.00

Contract Amt: 60,100.00

Contract Balance: 47,244.33

Extra Duty Pay

Delete	Remain Amt	Remain Pymts
No Rows		

Bank Info

Delete				
815 - IBC-COMMERCE BANK - EAGLE PASS,TX	[redacted]	2 Checking account	☐	0.00

Maintenance > Staff Job/Pay Data

Payroll

EP000010067

Year: C

Frequency: 5

Change

Employee: 008909 : BERNAL, PAMELA

Delete Selected

Contracted employee

Rows: 1 of 1

Primary Campus: 111 BENAVIDES ELEMENTARY

Dept:

Contract Info

Pay Type: 1 Contracted employee | Pay Grade: 007 | Pay Step: 02 | Sched: | Max Days: | Hrs Per Day: 7.500 | Incr Pay Step: ☑

Total: 60,100.00 | Balance: 47,244.33 | # of Annual Pymts: 24 | Remaining Pymts: 21 | Concept: Use annual salary table

# of Months in Contract: 10 | State Min Days: 187 Valid basic days in contract | Base Annual: 0.00

Daily Rate: 321.390 = Contract Total: 60,100.00 / # of Days Empld: 147 | # Days Off: 0.0 | Vacant Job: ☐

Pay Rate: 2,249.73 = Contract Total: 60,100.00 / # Annual Pymts: 24 | Payoff Date: 08-31-2026 | Wkly Hrs Sched: 38

Reg Hrs Worked: 0.00 | OVTM Elig: ☑ | OVTM Rate: 26.49 | Hrly Rate: 0.00 | Exempt Status: ☐ | EEOC: 05 Elem classrm teach

State Info

State Step: 02 | Yrs in Career Ladder: | TRS Year: ☐ | TRS Member Pos: 02 Teacher, librarian | Wholly Sep Amt: 0.00

State Min Salary: 34,653.00 = Foundation Daily Rate: 189.358 X % Assigned: 100% X # of days Empld 147 | Retiree Exception:

Calendar/Local Info

Calendar Cd: 04 - 187 DAYS | Begin Date: 09-29-2025 | End Date: 05-22-2026 | # of Days Empld: 147 | Exclude Days for TEA: ☐

Years Job Exp: 0 | Local Contract Days: 147

Workers' Comp Info

WC Code: C CLASS C- PROFESSIONA 0.004500 | WC Ann Pymts: 24 | WC Remain: 21

Accrual Info

Save successful

Employee: 008909 : BERNAL, PAMELA

Delete	Details	Job Code	Extra Duty	Account Type	Account Code	Amount	Percent
		0029 - ELEM TEACHER		G	199-11-6119.00-111-611000	60,100.00	100.000%
					Total:	60,100.00	100.000%

Rows: 1 of 1

Job Code:

Extra Duty Code:

Account Type: G Standard gross pay

Account Code: 199-11-6119.00-111-611000

SALARIES/WAGES TEACHERS & O

Amount: 60,100.00 out of 60,100.00

Percent: 100.000%

Activity Code: 80 Base Salary

TRS Grant Code:

Worker's Comp Code: CLASS C- PROFESSIONA

Expense 373: Y Account used in ASB distr

Employer Contribution: ☑

Performance Pay: ☐

Save successful

Year: C

Frequency: 5

Employee: 008909 : BERNAL, PAMELA

Delete	Leave Type				
	03 - LOCAL SICK LEAVE	0.000	4.000	0.000	4.000
	08 - STATE PERSONAL LEAVE	0.000	4.000	0.000	4.000

Save successful

e Run: 08-30-2024 12:06 PM
y Dist: 159-901

Employee Salary Information
Eagle Pass ISD

Program: HRS1650
Page: 1 of 1

ne: PAMELA BERNAL
dress: 747 AVENUE B
EAGLE PASS TX 78852-0000
one:
ginal Emp Date: 03-26-2013
imated Annual Salary: $0.00
Multi-Job: N W4 Nbr Children Under 17: 1
Other Income: $.00

Emp Nbr: 008909
SSN:
DOB:
Degree: 1 - Bachelor's
Latest Re-Emp Date: 11-29-2021
Retirement Date:
W4 Nbr Other Dependents: 0
W4 Other Deductions: $.00

Yrs Experience District:
Yrs Experience Total:
Yrs Prof Exper District:
Yrs Prof Exper Total:
Creditable Year of Service: ☐
Extract ID: PR2
Work Email: pbernal@eaglepassisd.net
W4 Other Exemptions: $.00

05 Frequency: 5
05 Pay Campus: 111
Primary Campus: 111
W4 Filing Status: S

Job Information

b: INSTRUCTIONAL AIDE
imary: Y Assigned: 100.00% Begin Date: 08-09-2024
ade: 031 End Date: 05-23-2025
ep:
hed:
ıcant:
of Days Empld: 183

Contract Amount: $22,030.00
Contract Balance: $22,030.00
Local Contract Days: 183
Wholly Sep Amt: $0.00

Months in Contract: 10
Days in Contract:
of Annual Pymts: 24
Remaining Pymts: 24
Hourly Rate: $16.05

Payoff Date: 08-28-2025
TRS Status: 1 - Eligible
TRS Position: 03 - Support staff
FICA Eligibility: M - Subject to medicare
WC Code: C
Wkly Hrs Sched: 38

Budget Information

ɔb: INSTRUCTIONAL AIDE

Account Code	Amount	Percent	Activity	TRS Grant	Exp 373	Acct Type	Extra Duty Cd	Perform Pay
36-11-6129.00-111-525000	$22,030.00	100.000%	80		Y	G		

Salary Calculation

ɔb: INSTRUCTIONAL AIDE
nnual Salary: $22,030.00
ay Rate: $917.92
aily Rate: $120.383

State Min Salary: $0.00
OT Elig: Y
OT Rate: $24.08

State Step: 00
Yrs in Career Ladder: 0

Leave Information

Type	Description	Beg Bal	Earned	Used	End Bal
03	LOCAL LV	0	75.000	0	75.000

Type	Description	Beg Bal	Earned	Used	End Bal
08	STATE PR	0	37.500	0	37.500

GF
Employee Signature

9-2-24
Date

2024-2025

2024-2025 MASTER RECORD

NAME:	PAMELA BERNAL	ID:	8909
POSITION:	INST AIDE	NUMBER OF DAYS:	183
CAMPUS:	111	HRS. P/DAY:	7.5
		Only required for hourly	

PAY GRADE:		003
SALARY INCREASE:		3.1%
HOURLY INCREASE:	$	0.62
DAILY INCREASE:	$	4.65
TOTAL INCREASE:	$	851.00
23-24 SALARY:	$	21,179.00
23-24 DAILY RATE:	$	115.732
23-24 HOURLY RATE:	$	15.43
23-24 OT RATE:	$	23.15
23-24 PAY RATE:	$	882.46
24-25 SALARY:	$	22,030.00
24-25 DAILY RATE:	$	120.38
24-25 HOURLY RATE:	$	16.05
24-25 OT RATE:	$	24.08
24-25 PAY RATE:	$	917.92

24-25 PG Min: $ 16.00

If below minimum, requires salary adj.

Verified By _____ Date _____

Verified By _____ Date _____

ate Run: 04-04-2024 8:28 AM | Employee Salary Information | Program: HRS1650
nty Dist: 159-901 | Eagle Pass ISD | Page: 1 of 1

ame: PAMELA BERNAL
ddress: 747 AVENUE B
EAGLE PASS, TX 78852-0000
hone: (830)
riginal Emp Date: 03-26-2013
stimated Annual Salary: $0.00
/4 Multi-Job: N W4 Nbr Children Under 17: 1
/4 Other Income: $.00

Emp Nbr: 008909
SSN:
DOB:
Degree: 1 - Bachelor's
Latest Re-Emp Date: 11-29-2021
Retirement Date:
W4 Nbr Other Dependents: 0
W4 Other Deductions: $.00

Yrs Experience District:
Yrs Experience Total:
Yrs Prof Exper District:
Yrs Prof Exper Total:
Creditable Year of Service: ☐
Extract ID: PR2
Work Email: pbernal@eaglepassisd.net
W4 Other Exemptions: $.00

04 Frequency: 5
04 Pay Campus: 111
Primary Campus: 111
W4 Filing Status: S

Job Information

lob: INSTRUCTIONAL AIDE
rimary: Y Assigned: 100.00%
Grade: 031
Step:
Sched:
Vacant:
of Days Empld: 183

Begin Date: 08-10-2023
End Date: 05-24-2024
Contract Amount: $21,179.00
Contract Balance: $7,942.10
Local Contract Days: 183
Wholly Sep Amt: $0.00

Months in Contract: 10
Days in Contract: 0
of Annual Pymts: 24
Remaining Pymts: 9
Hourly Rate: $15.43

Payoff Date: 08-29-2024
TRS Status: 1 - Eligible
TRS Position: 03 - Support staff
FICA Eligibility: M - Subject to medicare
WC Code: C
Wkly Hrs Sched: 38

Budget Information

lob: INSTRUCTIONAL AIDE

Account Code	Amount	Percent	Activity	TRS Grant	Exp 373	Acct Type	Extra Duty Cd	Perform Pay
66-11-6129.00-111-425000	$21,179.00	100.000%	80		Y	G		

Salary Calculation

lob: INSTRUCTIONAL AIDE

Annual Salary: $21,179.00
Pay Rate: $882.46
Daily Rate: $115.732

State Min Salary: $0.00
OT Elig: Y
OT Rate: $23.15

State Step: 00
Yrs in Career Ladder: 0

Leave Information

Type	Description	Beg Bal	Earned	Used	End Bal
01	DOCK	0	0	0	0
08	STATE PR	0	37.500	37.500	0

Type	Description	Beg Bal	Earned	Used	End Bal
03	LOCAL LV	9.750	75.000	84.750	0

GF
Employee Signature

8-16-24
Date

PAYROLL SALARY ADJUSTMENT FORM

Employee Name: Pamela Bernal | ID: 8909

Pay Period: 5/29/2025 | Campus: 111

Position: Instructional Aide | Job Code: 0031

Account: 166-11-6129.00-111-525000 | 100%

REASON FOR ADJUSTMENT

New Employee: | Special Ed: | Chairperson:

Coaching Stipend: | Master's: | Promotion:

Reassignment: | Other: Started Worker's Comp on 5/2/25.

FICA Eligibility: M | TRS Status: 1 | Pay Type: 2 | Pay Grade: 031

Pay Step: | State Step: | Hrs p/day: 7.5 | Contract amount: $22,030.00

Balance: $ 4,498.82 | Annual Pymts: 24 | Remain. Pymts: 7 | # of Months: 10

State Min. Days: | St. Min. Salary: | Hrly Rate: $ 16.05 | O/T Rate: $ 24.08

Daily Rate: $ 120.38 | Payoff Date: 8/28/2025 | Wkl Hrs.Schd: 37.5 | TRS Member Pos: 03

Calendar Code: 7 | No. of Days Based on: 183

Contract Begin Date: 8/9/2024 | Contract End Date: 5/1/2025

Effective Date: 8/9/2024 | No. of Days employed: 167

Contract Amount	+	Extra Amount	+	Extra Amount	=	Total Contract Amount
		$ -		$ -		$ -

No. of Days to work	x	Daily Rate	Total Contract Earned
167		$ 120.38	$ 20,103.46

Description of Extra: | Account :

x | $ -

Description of Extra:

Total Adj. Contract Amount: $ 20,103.46

Pay Rate	x	Payments	From- To	=	Contract Paid
$ 917.92		17	9/12/24-5/15/25		$ 15,604.64
	x			=	

Description: | Account :

Total Contract Paid: $ 15,604.64

Contract Balance	No. of Payments	From	To	Semi Monthly Payments
$ 4,498.82	7	5/29/2025	8/28/2025	$ 642.69

Marital Status: | Single/Married | Married Jointly | Head of Household

Children under 17: | Other Dep: | Additional Withholding: $ -

Bank Account Number | Bank Routing Number | Bank Code

Note: Received W/C payment from

Ana Cejudo 5/13/25
Asst. Business Admin. Director

5.13.25
Asst. Business Admin. Director

Payroll Director ✓

Eagle Pass Independent School District
Human Resources Employee Status Change Form
587 Madison St. - Eagle Pass, Texas 78852

F-230 #: 2845

School Board Agenda Required: , YES,
Superintendent's Agenda Required: , YES, 9/26/2025
HR Employee Letter Required: , YES
Employee Required Information
Employee_Leave
Employee Status: Current Employee

Employee ID: 8909
Employee Name: PAMELA BERNAL,
Current Position Information: INSTRUCTIONAL AIDE, Pay Grade:003, No. Days: 180,
Campus/Dept.: 111 - Benavides Elem.

New Position Information as applicable
New Position:,Pay Grade: , No. Days: ,
Campus/Dept:

Please select one: Non-TRS Retiree

Non-TRS Retiree: Equivalent Hrs per Week: ,
%FTE: 100, Hours per Day/Month:

TRS Retiree: Equivalent Hrs per Week:, %FTE:,
Hours per Month:

Yes

Section 1: Previous Employee Information
Employee Replacement Information:
Employee ID: , Employee Name: , Position:
, Campus/Dept.: , Pay Grade: , Working Days: , Hours per Week:

Section 2: Supplemental
Current: - - ,

Add: - - ,

Delete: - -

Previous Employee Information: Employee Name: , Employee ID: ,

Section 3: Employee Leave FMLA, Worker_s_Comp

Section 4: Start/End Dates
Start Date: 5/2/2025 End Date: 9/26/2025

Section 5: Additional Information for Change
Employee was out on FMLA/Workers Comp. See attached Designation Notice. Employee returned to work on 09/29/2025. See attached Authority to Report to Work.

Section 6: Account Number(s)
Current Account: 166-11-6129-00-111-6-25000-Percentage: 100 %

New Account: 166-11-6129-00-111-6-25000-Percentage: 100 %

F-230 Notes by Deputy Supt. for B&F:

Approved By

Step	Name	Account	Date
Form Submitted	Gabriela M. Thatcher	gthatcher@eaglepassisd.net	09/29/2025 11:30 AM
Create Req #	Workflow	_workflow	09/29/2025 11:30 AM
Organization Approval	Olivia R. Garcia	ogarcia@eaglepassisd.net	09/29/2025 11:33 AM
Organization Approval	Diana D. Brown	EPISD\dbrown2	09/29/2025 11:36 AM
DSC Approval	Jaime H. Gonzalez	jgonzalez7@eaglepassisd.net	10/13/2025 11:34 AM
DSC Approval	John Cox	jcox@eaglepassisd.net	10/13/2025 12:28 PM
DSC Approval	Laura Iruegas	EPISD\liruegas	10/16/2025 04:28 PM
DSC Approval	Jesus A. Costilla	EPISD\jcostilla	10/17/2025 08:21 AM
DSC Approval	Tohui L. Valero	EPISD\tvalero	10/20/2025 09:24 AM
DSC Approval	Gaby Vandermaal	EPISD\gvandermaal	10/20/2025 10:02 AM
Deputy Supt. For Business and Finance Approval	Ismael Mijares	EPISD\imijares	10/20/2025 04:16 PM

Verified by Human Resources

1. _____ Date: _____

2. _____ Date: _____

XC. _____ Date: _____

Verified by Payroll

1. Angelina Cejeda Date: 10/22/25

2. [signature] Date: 10/22/25

XC. 5/29/25 PD Date: _____

APPROVED F-230

Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

DWC073

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION

Date Sent (for transmission purposes only):

1. Injured Employee's Name: Pamela Bernal	5a. Doctor's/Delegating Doctor's Name and Degree: Geoffrey Glebus,DO	5b. PA / APRN Name (if completing form):
2. Date of Injury: 5-1-25 / 3. Social Security Number (last four) XXX-XX-	6. Facility Name: Sports Medicine Associates	9. Employer's Name: EAGLE PASS ISD
4. Employee's Description of Injury/Accident: Patient fell off ladder Right knee	7. Facility/Doctor Phone and Fax Numbers: P: 210-699-8326 F: 210-783-8641	10. Employer's Fax Number or Email Address (if known):
	8. Facility/Doctor Address (Street, City, State, ZIP Code): 21 Spurs Lane Ste 300 San Antonio TX 78240	11. Insurance Carrier: TRISTAR Risk Management
		12. Carrier's Fax Number or Email Address (if known): 210 404-0429

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

☒ a) will allow the employee to return to work as of 9/29/25 without restrictions; OR

☐ b) will allow the employee to return to work as of ____/____/____ with the restrictions identified in PART III, which are expected to last through ____/____/____; OR

☐ c) has prevented and still prevents the employee from returning to work as of ____/____/____ and is expected to continue through ____/____/____.

The following describes how this injury prevents the employee from returning to work:

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)

14. Posture Restrictions (if any):

Max hours per day	0	2	4	6	8	Other:
Standing	☐	☐	☐	☐	☐	
Sitting	☐	☐	☐	☐	☐	
Kneeling/squatting	☐	☐	☐	☐	☐	
Bending/stooping	☐	☐	☐	☐	☐	
Pushing/pulling	☐	☐	☐	☐	☐	
Twisting	☐	☐	☐	☐	☐	

Other:

15. Restrictions Specific To (if applicable):

☐ Left hand/wrist ☐ Left leg
☐ Right hand/wrist ☐ Right leg
☐ Left arm ☐ Back
☐ Right arm ☐ Left foot/ankle
☐ Neck ☐ Right foot/ankle

Other:

16. Other Restrictions (if any)

17. Motion Restrictions (if any):

Max hours per day	0	2	4	6	8	Other:
Walking	☐	☐	☐	☐	☐	
Climbing stairs/ladders	☐	☐	☐	☐	☐	
Grasping/squeezing	☐	☐	☐	☐	☐	
Wrist flexion/extension	☐	☐	☐	☐	☐	
Reaching	☐	☐	☐	☐	☐	
Overhead reaching	☐	☐	☐	☐	☐	
Keyboarding	☐	☐	☐	☐	☐	

Other:

18. Lift/Carry Restrictions (if any):

☐ May not lift/carry objects more than ____ lbs. for more than ____ hours per day.

☐ May not perform any lifting/carrying.

Other:

19. Misc. Restrictions (if any):

☐ Max hours per day of work:
☐ Sit/stretch breaks of ____ per ____
☐ Must wear splint/cast at work
☐ Must use crutches at all times
☐ No driving/operating heavy equipment
☐ Can only drive automatic transmission
☐ No skin contact with:
☐ No running
☐ Dressing changes necessary at work

☐ No work / ____ hours/day work:
☐ in extreme hot/cold environments
☐ at heights or on scaffolding

☐ Must keep ____
☐ elevated ☐ clean & dry

20. Medication Restrictions (if any):

☐ Must take prescription medication(s)
☐ Advised to take over-the-counter meds
☐ Medication may make drowsy (possible safety/driving issues)

IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information:

R ACL tear

22. Expected Follow-up Services Include:

☐ Evaluation by the treating doctor on ____/____/____ at ____:____ a.m./p.m.
☐ Referral to/consult with ____ on ____/____/____ at ____:____ a.m./p.m.
☐ Physical medicine ____ X per week for ____ weeks starting on ____/____/____ at ____:____ a.m./p.m.
☐ Special studies (list): ____ on ____/____/____ at ____:____ a.m./p.m.
☐ None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.

Date /Time of Visit: 9/25/25	Employee's Signature	Visit Type: ☐ Initial ☒ Follow-up	Role of Health Care Practitioner: ☐ Treating doctor ☐ Consulting doctor ☐ Designated doctor ☐ Referral doctor ☒ PA ☐ Other doctor ☐ RME doctor ☐ APRN
Discharge Time:	Health Care Practitioner's Signature / License #		

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

587 MADISON • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

DESIGNATION NOTICE

(FAMILY AND MEDICAL LEAVE ACT)

Adapted from Form WH-382 Revised June 2021. Expires 6/30/2026

SECTION I—NOTICE OF EMPLOYER

REVISED

TO: Pamela Bernal

EMPLOYEE ID: 8909

FROM: Jesus A. Costilla
Executive Director for Human Resources

CAMPUS/DEPT: Benavides Elem.

DATE: September 8, 2025

POSITION: Instructional Aide

On 9/5/2025, we received the most recent information to support your need for leave due to:

☐The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child

☒Your own serious health condition

☐The serious health condition of your spouse, child, or parent

☐A qualifying exigency arising out of the fact that your spouse, child, or parent is on covered active duty or has been notified of an impending call or order to covered active duty status with the Armed Forces

☐A serious injury or illness of a covered service member where you are the service member's spouse, child, parent, or next of kin *(Military Caregiver Leave)*

We have reviewed information related to your need for leave under the FMLA along with any supporting documentation provided and decided that your FMLA leave request is:

☒**Approved.** All leave taken for this reason will be designated as FMLA leave. Go to Section III for more information.

☐**Not Approved.**

☐The FMLA does not apply to your leave request.

☐As of the date the leave is to start, you do not have any FMLA leave available to use.

☐Other **Additional information**

Additional information is needed to determine if your leave request qualifies as FMLA leave. *(Go to Section II for the specific information needed. If your FMLA leave request is approved and no additional information is needed, go to Section III.)*

SECTION II—ADDITIONAL INFORMATION NEEDED

We need additional information to determine whether your leave request qualifies under the FMLA. Once we obtain the additional information requested, we will inform you **within 5 business days** if your leave will or will not be designated as FMLA leave and count towards the amount of FMLA leave you have available. **Failure to provide the additional information as requested may result in a denial of your FMLA leave request.**

If you have any questions, please contact: **Laura Iruegas, Human Resources Officer** *at* **(830) 773-5181, ext.72706**

xc: Supervisor Payroll Dept Benefits Dept. Risk Management Dept. (If WC related)

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

587 MADISON • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

DESIGNATION NOTICE

(FAMILY AND MEDICAL LEAVE ACT)

Incomplete or Insufficient Certification

The certification you have provided is incomplete and/or insufficient to determine whether the FMLA applies to your leave request.

☐The certification provided is incomplete and we are unable to determine whether the FMLA applies to your leave request. *"Incomplete" means one or more of the applicable entries on the certification have not been completed.*

☐The certification provided is insufficient to determine whether the FMLA applies to your leave request. *"Insufficient" means the information provided is vague, unclear, ambiguous or non-responsive.*

Specify the information needed to make the certification complete and/or sufficient:

You must provide the requested information no later than *(provide at least 7 calendar days),* unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

Second or Third Opinion

☐We request that you obtain a ☐second / ☐ third opinion) medical certification at our expense, and we will provide further details at a later time. *Note: The employee or the employee's family member may be requested to authorize the health care provider to release information pertaining only to the serious health condition at issue.*

SECTION III—FMLA APPROVED

As explained in Section I, your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave and will count against the amount of FMLA leave you have available to use in the applicable 12-month period. The FMLA requires that you notify us as soon as practicable if the dates of scheduled leave change, are extended, or were initially unknown. Based on the information you have provided to date; we are providing the following information about the amount of time that will be counted against the total **amount of FMLA leave** you have available to use in the applicable 12-month period:

☒Provided there is no change from your **anticipated FMLA leave schedule,** the following number of hours, days, or weeks will be counted against your leave entitlement: ***May 2, 2025 through October 7, 2025.***

☐Because the leave you will need will be **unscheduled,** it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (If leave was taken in the 30-day period).

Please be advised:

☐**We are requiring you to use all of your available paid leave** *(e.g., sick, vacation, PTO)* **during your FMLA leave.** Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.

☒**Workers Compensation:** Any time taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable12-month period.

Any unpaid FMLA leave taken will be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.

xc: Supervisor Payroll Dept Benefits Dept. Risk Management Dept. (If WC related)

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

587 MADISON • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

DESIGNATION NOTICE

(FAMILY AND MEDICAL LEAVE ACT)

Return-to-work requirements. To be restored to work after taking FMLA leave, you ☒ will be / ☐ will not be required to provide a certification from your health care provider (fitness-for-duty certification) that you are able to resume work. This request for a fitness-for-duty certification is *only* with regard to the particular serious health condition that caused your need for FMLA leave. **If such certification is not timely received, your return to work may be delayed until the certification is provided.**

A list of the essential functions of your position ☒is / ☐is not attached. If attached, the fitness-for-duty certification must address your ability to perform the essential job functions.

xc: Supervisor Payroll Dept Benefits Dept. Risk Management Dept. (If WC related)

Eagle Pass Independent School District
Department of Human Resources
Authority to Report to Work

Name: Pamela Bernal **ID:** 8909 **Work Days:** 183

Campus/Dept.: ~~EMLA~~ Benavides **Position:** Instructional Aide

Pay Grade: 031 **Effective Date:** 09/29/2025

Please check one:

☑ Return from FMLA ☐ Return from Other Leave ☑ Return from Workers Comp.*

☐ Other:

*Workers Comp requires the approval of the Benefits & Risk Management Director.

Authority to Report to Work:

Are there restrictions:

☐ **Yes, Must complete section below** ☑ **No, May return to work**

If Yes, are there restrictions to the employee's ***Essential Job Duties***:
(Must attach Job Description to indicate restrictions)

☐ **Yes, May not return to work** ☐ **Yes, May return to work** (based on revised job description as recommended by HR) ☐ **No, May return to work**

Approvals:

1. Laura Arriaga — Human Resources Officer *(Required)* — 10/01/25 Date
2. [signature] — Executive Director for Human Resources *(Required)* — 10/1/25 Date
3. [signature] — Deputy Supt./Executive Director/Director/Principal *(Required)* — 10/8/25 Date
4. [signature] — Benefits & Risk Management Director *(Required: Workers Compensation)* — 10.9.25 Date
5. _____ — Deputy Supt. for Business & Finance or Designee *(case-by-case basis)* — _____ Date

ATTENTION SUPERVISORS:

THIS FORM MUST BE AUTHORIZED BEFORE AN EMPLOYEE RETURNS TO WORK.

PAYROLL DEPARTMENT
EMPLOYEE CHECKLIST FORM

EMPLOYEE NAME: Bernal, Pamela ID: 8909

NEW EMPLOYEE	☐	CURRENT EMPLOYEE	☑
FULL TIME	☐	SUPPLEMENTAL/PROMOTION	☐
PART TIME W/BEN.	☐	REASSIGNMENT/TRANSFER	☐
PART TIME	☐	RESIGNATION/TERM.	☐
SUBSTITUTE	☐	LEAVE	☑

NEW EMPLOYEE ONLY	YES	ON FILE	N/A
1. DIRECT DEPOSIT FORM	☐	☐	☐
2. W-4 FORM	☐	☐	☐
3. KRONOS ENROLLMENT (Hourly Only)	☐	☐	☐
4. SOCIAL SECURITY STATEMENT FORM Full Time or Part Time with Benefits Only	☐		☐

CURRENT EMPLOYEE ONLY	YES	NO	INITIAL/DATE
5. SUPT/BOARD AGENDA	☑	☐	_____
6. F-230 REQ.#: _____	☐	☐	_____

DATE: _____ CONTACT: _____ INITIAL: _____

DATE: _____ CONTACT: _____ INITIAL: _____

DATE: _____ CONTACT: _____ INITIAL: _____

DATE: _____ CONTACT: _____ INITIAL: _____

DATE: _____ CONTACT: _____ INITIAL: _____

NOTE:

1) Must advise Payroll Director if F-230 in inbox more **than two (2) consecutive days.**

2) Must advise Bus. & Finance Director if F-230 in inbox more than **three (3) consecutive days.**

DATE: _____ CONTACT: _____ INITIAL: _____

DATE: _____ CONTACT: _____ INITIAL: _____

RECEIVED
MAY 05 2025
BENEFITS DEPT.

Eagle Pass Independent School District

Benefits/Risk Management Department

587 Madison St., Eagle Pass, Texas 78852 Phone: 830-773-5181 Ext 72633 Fax: 830-[illegible]

WORKERS' COMPENSATION ACCRUED LEAVE USE REPORT

1. Employee's Name: (Last,First, MI)	2. Employee ID No:	3. Position:
PAMELA BERNAL	8909	INSTRUCTIONAL AIDE
4. Date of Injury:	**5. Date of Lost Time:**	**6. Next Doctor's Visit:**
05/01/2025	05/02/2025	5/21/2025

Per Rule 129.2 of the Texas Administrative Code, Post-Injury Earnings (PIE) shall include, but not limited to, the documented weekly amount of the value of any full days of accrued sick leave or accrued annual leave that the employee has voluntarily elected to use after the date of injury; the value of any partial days of accrued sick leave or acrrued annual leave that the employee has elected to voluntarily elected to use after the date of injury that, when combined with the employee's Temporary Income Benefits (TIBs), exceed the Average Weekly Wage (AWW).

This form must be completed by an employee who is absent from duty because of a job-related illness or injury and has had more than seven (7) days of lost time and applies only if the employee is eligible for worker's compensation benefits.

Accrued Leave Use Option

If an employee who is eligible for worker's compensation has *more* than fourteen (14) days of lost time and elects to use accrued leave the following applies:

1. Worker's Compensation Benefits are paid at 70% if an employee earns $10.00 or *more* per hour and 75% for the first 26 weeks if the employee earns *less* than $10.00 per hour and 70% thereafter, up to the state maximum compensation rate therefore;
2. Accrued Leave used is paid at 30% or 25% depending on the hourly wage.
3. Benefits paid out to an employee may not exceed 100% of pre-injury wages.

If an employee who is eligible for worker's compensation has *less* than fourteen (14) days of lost time and elects to use accrued leave the following applies:

1. Worker's Compensation Benefits beginning on the eight (8th) day are paid at 70% if an employee earns $10.00 or *more* per hour and 75% for the first 26 weeks if the employee earns *less* than $10.00 per hour and 70% thereafter, therefore;
2. Accrued Leave used is paid at 100% for the first even days and 30% or 25% depending on the hourly wage thereafter.
3. Benefits paid out to an employee may not exceed 100% of pre-injury wages.

7. Accrued Leave Use Option:

☐ Yes, I elect to use accrued leave. Beginning: _____ Ending: _____

☑ No, I do not elect to use accrued leave. Beginning: 05/02/2025 Ending: RELEASED

By selecting this option, the employee elects to receive workers' compensation benefits only.

☐ I am not entitled to accrued leave.

By selecting this option, the employee elects to receive workers' compensation benefits only.

By signing below I understand the following as explained by the Benefits/Risk Management Representative:

If I choose to use acccrued leave, it is my responsibility to submit this form to the Benefits/Risk Management Department within two (2) days of my first day of absence. If this form is not submitted to the appropriate department the District will not use any accrued leave.

Workers' compensation wage benefits shall begin on the 8th day of lost time or on the 1st day of lost time if the employee has more than 14 days of lost time.

I also grant authorization to the Eagle Pass Independent School District to deduct from my future wages any overpayment(s) of benefits when these exceed 100% of my pre-injury wages.

Signature of Employee 05/05/25 Date

Benefits/Risk Management Representative 5.5.25 Date

xc: Employee Payroll Department WC Third Party Administrator ___/___/___

Revised September 2024 RM-E2

Year: C Frequency: 5 Change

Employee: 008909 : BERNAL, PAMELA

Pay Status: 1 Active

Pay Campus: 111 BENAVIDES ELEMENTARY

Pay Dept:

Dock Rate: 16.050

Tax Exempt:

Unemployment Elig: ☑

FICA Eligibility: M Subject to medicare

W4 Marital Status: Single

Nbr of Exemptions: 0

IRS Lock-In Letter:

W-4 Withholding Certificate

1: Filing Status: S Single or Married filing separately

2: Multi-Jobs:

3: Children under 17: 1

3: Other Dependents: 0

3: Other Exemptions: 0.00

4a: Other Income: 0.00

4b: Other Deductions: 0.00

B

TRS

Status: 1 Eligible

Begin Date: 01-05-2022

04-04-2022

FSP Staff Salary Data

Health Ins Code: Y Eligible participating I

FSP Staff Data Code: F Full-Time

Totals

State Min. Salary:	0.00
Extra Duty:	0.00
Contract Amt:	22,030.00
Contract Balance:	6,425.36

Extra Duty Pay

Delete	Remain Amt	Remain Pymts
No Rows		

Bank Info

Delete				
815 - IBC-COMMERCE BANK - EAGLE PASS,TX	[redacted]	2 Checking account	☐	0.00

 | Help

Employee: 008909 : BERNAL, PAMELA

Delete Selected

Non-contracted emp

Rows: 1 of 1

Primary Campus: 111 BENAVIDES ELEMENTARY

Dept:

B

Contract Info

Pay Type: 2 Non-contracted emp Pay Grade: 031 Pay Step: Sched Max Days: Hrs Per Day: 7.500 Incr Pay Step: ☑

Total: 22,030.00 Balance: 6,425.36 # of Annual Pymts: 24 Remaining Pymts: 7 Concept: Use midpoint table

# of Months in Contract: 10 State Min Days: 000 TRS - Non contract Base Annual: 26,077.50

Daily Rate: 120.383 = Contract Total: 22,030.00 / # of Days Empld: 183 # Days Off: 0.0 Vacant Job: ☐

Pay Rate: 917.92 = Contract Total: 22,030.00 / # Annual Pymts: 24 Payoff Date: 08-28-2025 Wkly Hrs Sched: 38

Reg Hrs Worked: 0.00 OVTM Elig: ☑ OVTM Rate: 24.08 Hrly Rate: 16.05 Exempt Status: ☐ EEOC: 13 Teacher aides

State Info

State Step: 00 Yrs in Career Ladder: TRS Year: ☐ TRS Member Pos: 03 Support staff Wholly Sep Amt: 0.00

State Min Salary: 0.00 = Foundation Daily Rate: 183.934 X % Assigned: 100% X # of days Empld 183 Retiree Exception:

Calendar/Local Info

Calendar Cd: 02 - 183 DAYS Begin Date: 08-09-2024 End Date: 05-23-2025 # of Days Empld: 183 Exclude Days for TEA: ☐

Years Job Exp: 0 Local Contract Days: 183

Workers' Comp Info

WC Code: C CLASS C- PROFESSIONA 0.004500 WC Ann Pymts: 24 WC Remain: 7

Accrual Info

Code: ☐ Accrual Rate 0.000 = Total 22,030.00 / # of Days Empld 183

Year: C Frequency: 5 Change

Employee: 008909 : BERNAL, PAMELA

Delete	Details	Job Code	Extra Duty	Account Type	Account Code	Amount	Percent
		0031 - INSTRUCTIONAL AIDE		G	166-11-6129.00-111-525000	22,030.00	100.000%
					Total:	22,030.00	100.000%

Rows: 1 of 1

B

Job Code:

Extra Duty Code:

Account Type: G Standard gross pay

Account Code: 166-11-6129.00-111-525000

SALARIES/WAGES-SUPPORT PERS

Amount: 22,030.00 out of 22,030.00

Percent: 100.000%

Activity Code: 80 Base Salary

TRS Grant Code:

Worker's Comp Code: CLASS C- PROFESSIONA

Expense 373: Y Account used in ASB distr

Employer Contribution: ☑

Performance Pay: ☐

 | Help

Year: C Frequency: 5 Change

Employee: 008909 : BERNAL, PAMELA

Delete

022 - IMAGINE360	0.00	472.00	99	☐	☑	1	1
077 - NEW YORK DISABILITY	29.76	0.00	99	☐	☐	1	1
078 - NEW YORK LIFE INS.	4.50	0.00	99	☐	☑	1	1
079 - NEW YORK LIFE, NON-CAFETERIA	4.50	0.00	99	☐	☐	1	1

B

Year: C Frequency: 5

Change

Employee: 008909 : BERNAL, PAMELA

Delete	Leave Type				
	01 - OVERUSED DAYS	0.000	0.000	0.000	0.000
	03 - LOCAL SICK LEAVE	0.000	75.000	75.000	0.000
	08 - STATE PERSONAL LEAVE	0.000	37.500	37.500	0.000

B

Year: C Frequency: 5 Change

Employee: 008909 : BERNAL, PAMELA

Delete Selected

Non-contracted emp

Rows: 1 of 1

Primary Campus: 111 BENAVIDES ELEMENTARY

Dept:

A

Contract Info

Pay Type: 2 Non-contracted emp Pay Grade: 031 Pay Step: Sched Max Days: Hrs Per Day: 7.500 Incr Pay Step: ☑

Total: 22,030.00 Balance: 4,498.82 # of Annual Pymts: 24 Remaining Pymts: 7 Concept: Use midpoint table

# of Months in Contract: 10 State Min Days: 000 TRS - Non contract Base Annual: 23,797.50

Daily Rate: 120.383 = Contract Total: 22,030.00 / # of Days Empld: 167 # Days Off: 0.0 Vacant Job: ☐

Pay Rate: 642.69 = Contract Total: 22,030.00 / # Annual Pymts: 24 Payoff Date: 08-28-2025 Wkly Hrs Sched: 38

Reg Hrs Worked: 0.00 OVTM Elig: ☑ OVTM Rate: 24.08 Hrly Rate: 16.05 Exempt Status: ☐ EEOC: 13 Teacher aides

State Info

State Step: 00 Yrs in Career Ladder: TRS Year: ☐ TRS Member Pos: 03 Support staff Wholly Sep Amt: 0.00

State Min Salary: 0.00 = Foundation Daily Rate: 183.934 X % Assigned: 100% X # of days Empld 167 Retiree Exception:

Calendar/Local Info

Calendar Cd: 02 - 183 DAYS Begin Date: 08-09-2024 End Date: 05-01-2025 # of Days Empld: 167 Exclude Days for TEA: ☐

Years Job Exp: 0 Local Contract Days: 167

Workers' Comp Info

WC Code: C CLASS C- PROFESSIONA 0.004500 WC Ann Pymts: 24 WC Remain: 7

Accrual Info

HIDE

Save successful

 | Help

EP000010916

Maintenance > Staff Job/Pay Data

Payroll

Year: C Frequency: 5 Change

Employee: 008909 ; BERNAL, PAMELA

Delete Selected

Non-contracted emp

Rows: 1 of 1

Primary Campus: 111 BENAVIDES ELEMENTARY

Dept:

A

Contract Info

Pay Type: 2 Non-contracted emp Pay Grade: 031 Pay Step: Sched Max Days: Hrs Per Day: 7.500 Incr Pay Step: ☑

Total: 22,030.00 Balance: 4,499.32 # of Annual Pymts: 24 Remaining Pymts: 7 Concept: Use midpoint table

# of Months in Contract: 10 State Min Days: 000 TRS - Non contract Base Annual: 23,797.50

Daily Rate: 120.383 = Contract Total: 22,030.00 / # of Days Empld: 167 # Days Off: 0.0 Vacant Job: ☐

Pay Rate: 642.76 = Contract Total: 22,030.00 / # Annual Pymts: 24 Payoff Date: 08-28-2025 Wkly Hrs Sched: 38

Reg Hrs Worked: 0.00 OVTM Elig: ☑ OVTM Rate: 24.08 Hrly Rate: 16.05 Exempt Status: ☐ EEOC: 13 Teacher aides

State Info

State Step: 00 Yrs in Career Ladder: TRS Year: ☐ TRS Member Pos: 03 Support staff Wholly Sep Amt: 0.00

State Min Salary: 0.00 = Foundation Daily Rate: 183.934 X % Assigned: 100% X # of days Empld 167 Retiree Exception:

Calendar/Local Info

Calendar Cd: 02 - 183 DAYS Begin Date: 08-09-2024 End Date: 05-01-2025 # of Days Empld: 167 Exclude Days for TEA: ☐

Years Job Exp: 0 Local Contract Days: 167

Workers' Comp Info

WC Code: C CLASS C- PROFESSIONA 0.004500 WC Ann Pymts: 24 WC Remain: 7

Accrual Info

HIDE

Save successful

HRS3100 County/District: 159901

Session Timer: 239 min and 57 sec

 | Help

Employee Salary Information
Eagle Pass ISD

ame:	PAMELA BERNAL	Emp Nbr:	008909	Yrs Experience District:	04 Frequency: 5
ddress:	747 AVENUE B	SSN:		Yrs Experience Total:	04 Pay Campus: 111
	EAGLE PASS, TX 78852-0000	DOB:		Yrs Prof Exper District:	Primary Campus: 111
hone:	(830)	Degree:	1 - Bachelor's	Yrs Prof Exper Total:	W4 Filing Status: S
riginal Emp Date:	03-26-2013	Latest Re-Emp Date:	11-29-2021	Creditable Year of Service:	☐
stimated Annual Salary:	$0.00	Retirement Date:		Extract ID:	PR2
/4 Multi-Job:	N	W4 Nbr Children Under 17:	1	W4 Nbr Other Dependents:	0
/4 Other Income:	$.00	W4 Other Deductions:	$.00	W4 Other Exemptions:	$.00

Job Information

ob:	INSTRUCTIONAL AIDE					Payoff Date:	08-29-2024
rimary:	Y	Assigned: 100.00%	Begin Date:	08-10-2023	# Months In Contract: 10	TRS Status:	1 - Eligible
rade:	03I		End Date:	05-24-2024	# Days In Contract: 0	TRS Position:	03 - Support staff
tep:			Contract Amount:	$21,179.00	# of Annual Pymts: 24	FICA Eligibility:	M - Subject to medicare
ched:			Contract Balance:	$21,179.00	Remaining Pymts: 24	WC Code:	C
acant:			Local Contract Days:	183	Hourly Rate: $15.43	Wkly Hrs Sched:	38
of Days Empld:			183 Wholly Sep Amt:	$0.00			

Budget Information

Job: INSTRUCTIONAL AIDE

Account Code	Amount	Percent	Activity	TRS Grant	Exp 373	Acct Type	Extra Duty Cd	Perform Pay
166-11-6129.00-111-425000	$21,179.00	100.000%	80		Y	G		

Salary Calculation

Job:	INSTRUCTIONAL AIDE				
Annual Salary:	$21,179.00	State Min Salary:	$0.00	State Step:	00
Pay Rate:	$882.46	OT Elig:	Y	Yrs In Career Ladder:	0
Daily Rate:	$115.732	OT Rate:	$23.15		

Leave Information

Type	Description	Beg Bal	Earned	Used	End Bal
03	LOCAL LV	9.750	75.000	0	84.750

Type	Description	Beg Bal	Earned	Used	End Bal
08	STATE PR	0	37.500	0	37.500

Employee Signature

Date

9/1/23

2023-2024

2023-2024

Date Run: 05-16-2023 1:00 PM
Cnty Dist: 150-901

Employee Salary Information
Eagle Pass ISD

Program: HRS1650
Page: 1 of 1

Name: PAMELA BERNAL
Address: 747 AVENUE B
EAGLE PASS, TX 78852-0000
Phone: (830)
Original Emp Date: 03-26-2013
Estimated Annual Salary: $0.00
W4 Multi-Job: N W4 Nbr Children Under 17: 1
W4 Other Income: $.00

Emp Nbr: 008909
SSN:
DOB:
Degree: 1 - Bachelor's
Latest Re-Emp Date: 11-29-2021
Retirement Date:
W4 Nbr Other Dependents: 0
W4 Other Deductions: $.00

Yrs Experience District: 04
Yrs Experience Total: 04
Yrs Prof Exper District:
Yrs Prof Exper Total:
Creditable Year of Service: ☐
Extract ID: PR4
Work Email: pbernal@eaglepassisd.net
W4 Other Exemptions: $.00

08 Frequency: 5
03 Pay Campus: 111
Primary Campus: 111
W4 Filing Status: S

Job Information

Job: INSTRUCTIONAL AIDE
Primary: Y Assigned: 100.00%
Grade: 03i
Step:
Sched:
Vacant:
# of Days Empld: 183

Begin Date: 8/10/2
End Date: 5/24/24
Contract Amount: $21,179.00
Contract Balance: 21179

~~08-11-2022~~ # Months in Contract: 10
~~05-25-2023~~ # Days in Contract: 183
# of Annual Pymts: 24
~~$6,177.18~~ Remaining Pymts: 24
Local Contract Days: 183
Wholly Sep Amt: $0.00

Payoff Date: ~~08-31-2023~~ 8/29/24
TRS Status: 1 - Eligible
TRS Position: 03 - Support staff
FICA Eligibility: M - Subject to medicare
WC Code: C
Hourly Rate: $15.43
Wkly Hrs Sched: 38

Budget Information

Job: INSTRUCTIONAL AIDE

Account Code	Amount	Percent	Activity	TRS Grant	Exp 373	Acct Type	Extra Duty Cd	Perform Pay
166-11-6129.00-111-325000	$21,179.00	100.000%	80		Y	G		

Salary Calculation

Job: INSTRUCTIONAL AIDE
Annual Salary: $21,179.00
Pay Rate: $882.46
Daily Rate: $115.732

State Min Salary: $0.00
OT Elig: Y
OT Rate: $23.15

State Step: 00
Yrs in Career Ladder: 0

Leave Information

Type	Description	Beg Bal	Earned	Used	End Bal
03	LOCAL LV	66.500	37.500	78.750	25.250
08	STATE PR				

Employee Signature

Date

Gracie 8/17/23

ate Run: 08-26-2022 4:09 PM
nty Dist: 159-901

Employee Salary Information
Eagle Pass ISD

Program: HRS1650
Page: 1 of 1

lam : PAMELA BERNAL
ddress: 747 AVENUE B
EAGLE PASS, TX 78852-0000
hone: (830)
riginal Emp Date: 03-26-2013
stimated Annual Salary: $0.00
V4 Multi-Job: N W4 Nbr Children Under 17: 1
V4 Other Income: $.00

Emp Nbr: 008909
SSN:
DOB:
Degree: 1 - Bachelor's
Latest Re-Emp Date: 11-29-2021
Retirement Date:
W4 Nbr Other Dependents: 0
W4 Other Deductions: $.00

Yrs Experience District:
Yrs Experience Total:
Yrs Prof Exper District:
Yrs Prof Exper Total:
Creditable Year of Service: ☐
Extract ID: PR4
Work Email: pbernal@eaglepassisd.net
W4 Other Exemptions: $.00

03 Frequency: 5
03 Pay Campus: 111
Primary Campus: 111
W4 Filing Status: S

Job Information

Job: INSTRUCTIONAL AIDE
Primary: Y Assigned: 100.00%
Grade: 03I
Step:
Sched:
Vacant:
# of Days Empld: 183

Begin Date: 08-11-2022
End Date: 05-25-2023
Contract Amount: $21,179.00
Contract Balance: $21,179.00
Local Contract Days: 183
Wholly Sep Amt: $0.00

Months In Contract: 10
Days In Contract: 187
of Annual Pymts: 24
Remaining Pymts: 24
Hourly Rate: $15.43

Payoff Date: 08-31-2023
TRS Status: 1 - Eligible
TRS Position: 03 - Support staff
FICA Eligibility: M - Subject to medicare
WC Code: C
Wkly Hrs Sched: 38

Budget Information

Job: INSTRUCTIONAL AIDE

Account Code	Amount	Percent	Activity	TRS Grant	Exp 373	Acct Type	Extra Duty Cd	Perform Pay
166-11-6129.00-111-225000	$21,179.00	100.000%	80		Y	G		

Salary Calculation

Job: INSTRUCTIONAL AIDE
Annual Salary: $21,179.00
Pay Rate: $882.46
Daily Rate: $115.732

State Min Salary: $0.00
OT Elig: Y
OT Rate: $23.15

State Step: 00
Yrs in Career Ladder: 0

Employee Signature

Date

2022-2023

Date Run: 05-18-2022 11:47 AM
Cnty Dist: 159-901

Employee Salary Information
Eagle Pass ISD

Program: HRS1650
Page: 1 of 1

Name: PAMELA BERNAL
Address: 747 AVENUE B
EAGLE PASS TX 78852-0000
Phone: (830)
Original Emp Date: 03-26-2013
Estimated Annual Salary: $0.00
W4 Multi-Job: N W4 Nbr Children Under 17: 1
W4 Other Income: $.00

Emp Nbr: 008909
SSN:
DOB:
Degree: 1 - Bachelor's
Latest Re-Emp Date: 11-29-2021
Retirement Date:
W4 Nbr Other Dependents: 0
W4 Other Deductions: $.00

Yrs Experience District: 03
Yrs Experience Total: 03
Yrs Prof Exper District:
Yrs Prof Exper Total:
Creditable Year of Service: ☐
Extract ID: PR4
Work Email: pbernal@eaglepassisd.net
W4 Other Exemptions: $.00

02 Frequency: 5
02 Pay Campus: 111
Primary Campus: 111
W4 Filing Status: S

Job Information

Job: INSTRUCTIONAL AIDE
Primary: Y Assigned: 100.00%
Grade: 03I
Step:
Sched:
Vacant:
# of Days Empld: 183 94

Begin Date: 8/15/22
End Date: 01-05-2022 5 3
Contract Amount: 21179
Contract Balance: 21179
Local Contract Days: 183 94
Wholly Sep Amt: $0.00

Months in Contract: 10
Days in Contract: 187
of Annual Pymts: 24
Remaining Pymts: 24
Hourly Rate: 15.43

Payoff Date: 08-31-2022 3
TRS Status: 1 - Eligible
TRS Position: 03 - Support staff
FICA Eligibility: M - Subject to medicare
WC Code: C
Wkly Hrs Sched: 38

Budget Information

Job: INSTRUCTIONAL AIDE

Account Code	Amount 21179	Percent	Activity	TRS Grant	Exp 373	Acct Type	Extra Duty Cd	Perform Pay
166-11-6129.00-111-225000	$19,736.55	100.000%	80		Y	G		

Salary Calculation

Job: INSTRUCTIONAL AIDE

Annual Salary: $19,736.55 21179
Pay Rate: $724.14 988.46
Daily Rate: $107.860 115.73

State Min Salary: $0.00
OT Elig: Y
OT Rate: $21.57 23.15

State Step: 00
Yrs in Career Ladder: 0

PAY GRADE 3 183 DAYS (7.5 HRS)
5.5 % INCREASE
7.88X183=1,442.04(ANNUALLY)
1,442.04/24=60.09 (PAY RATE)
2022-2023

1,443 RAJ

PAYROLL SALARY ADJUSTMENT FORM

Employee Name:	Pamela Bernal	ID:	8909
Position:	Instructional Aide	Campus:	111
Account:	166-11-6129-00-111-225-000	100%	
Pay Period:	2/15/2022		

REASON FOR ADJUSTMENT

New Employee:	X	Special Ed:		Chairperson:	
Coaching Stipend:		Master's:		Promotion:	
Reassignment:		Other:			

Pay Grade:	03	Hrly Rate:	$ 14.38	O/T Rate:	$ 21.57	St. Minimum:	$ -
Pay Step:	0	State Step:	0	Grant Code:		Contract amount:	$19,736.55
No. of Days Based on:	183			No. of Days to work:	94		
Effective Date:	1/5/2022			Payoff Date:	8/31/2022		
Contract Begin Date:	1/5/2022			Contract End Date:	5/26/2022		

$ -	$ -	$ -	$ -
Contract Amount	Extra Amount	Extra Amount	Total Contract Amount

94	$ 107.85	$ 10,137.90
No. of Days to work	Daily Rate	Total Contract Earned
		$ -
No. of Days to work	Daily Rate (Extra)	Total Extra Earned

Description of Extra: _____ Account : _____

		$ -
No. of Days to work	Daily Rate	Total Extra Earned

Description of Extra: _____ Account : _____

Total Adj. Contract Amount: $ 10,137.90

	x		=	$ -	
Pay Rate		Payments	From- To	Contract Paid	
$ -	x		=	$ -	
Pay Rate		Payments	From- To	Contract Paid	

Description: _____ Account : _____

Total Contract Paid: $ -

$ 10,137.90	14	2/15/2022	08/31/22	$ 724.14
Contract Balance	No. of Payments	From	To	Semi Monthly Payments

Marital Status:	X	Single		Married		Single, but W/H Higher
Dependents:	1			Additional Withholding:	$ -	

1[redacted]	[redacted]	815
Bank Account Number	Bank Routing Number	Bank Code

Note: _____

Asst. Payroll Director 2-2-22 | Asst. Payroll Director | Payroll Director 2/7/22

PAYROLL SALARY ADJUSTMENT FORM

Employee Name: Pamela Bernal | ID: 8909

Position: Instructional Aide | Campus: 111

Account: 166-11-6129-00-111-225-000 | 100%

2021-2022

Pay Period: 2/15/2022

REASON FOR ADJUSTMENT

New Employee: X | Special Ed: | Chairperson:

Coaching Stipend: | Master's: | Promotion:

Reassignment: | Other:

Pay Grade: 03 | Hrly Rate: $ 14.38 | O/T Rate: $ 21.57 | St. Minimum: $ -

Pay Step: 0 | State Step: 0 | Grant Code: | Contract amount: $19,736.55

No. of Days Based on: 183 | No. of Days to work: 94

Effective Date: 1/5/2022 | Payoff Date: 8/31/2022

Contract Begin Date: 1/5/2022 | Contract End Date: 5/26/2022

$ - Contract Amount | $ - Extra Amount | $ - Extra Amount | $ - Total Contract Amount

94 No. of Days to work | $ 107.85 Daily Rate | $ 10,137.90 Total Contract Earned

No. of Days to work | Daily Rate (Extra) | $ - Total Extra Earned

Description of Extra: | Account :

No. of Days to work | Daily Rate | $ - Total Extra Earned

Description of Extra: | Account :

Total Adj. Contract Amount: $ 10,137.90

Pay Rate x Payments From- To = $ - Contract Paid

$ - Pay Rate x Payments From- To = $ - Contract Paid

Description: | Account :

Total Contract Paid: $ -

$ 10,137.90 Contract Balance | 14 No. of Payments | 2/15/2022-08/31/22 From To | $ 724.14 Semi Monthly Payments

Marital Status: X Single | Married | Single, but W/H Higher

Dependents: 1 | Additional Withholding: $ -

[redacted] Bank Account Number | [redacted] Bank Routing Number | 815 Bank Code

Note:

Asst. Payroll Director 2-2-22 | Asst. Payroll Director | Payroll Director 2/7/22

DATE PREPARED 12/08/21 EFFECTIVE DATE See F230

NAME Bernal Pamela
LAST FIRST M.

SOC.SEC.NO. ___ - ___ - ___ I.D. NO. 8909

CAMPUS/LOCATION Benavides PAY GRADE 03

JOB TITLE Instructional Aide JOB CODE 0031

DEGREE ___ YEARS OF EXPERIENCE ___

WORK DAYS 183 BOARD/SUPT AGENDA DATE 12/06/21

OTHER ___

RECEIVED
PAYROLL DEPT
DEC 09 2021

SCHOOL YEAR
2021-2022

{B} ADD TO PAYROLL:

- ☒ NEW EMPLOYEE
- ☐ PART TIME
- ☐ TEMPORARY
- ☐ OTHER ___
- ☐ SEE ATTACHED

{C} SALARY OR RATE:

- ☒ PAY GRADE MINIMUM
- ☐ ANNUAL SALARY ___
- ☐ HOURLY RATE ___
- ☐ PER SALARY SCHEDULE
- ☐ DAILY RATE ___
- ☐ OTHER ___

{D} PROMOTION, TRANSFER OR TERMINATION:

- ☐ PROMOTION
- ☐ PAY GRADE RECLASSIFICATION
- ☐ RESIGNATION
- ☐ LEAVE OF ABSENCE
- ☐ TRANSFER ___
- ☐ NEW JOB TITLE ___
- ☐ NEW JOB CODE ___
- ☐ NEW PAY GRADE ___
- ☐ TERMINATION
- ☐ OTHER ___

Jennifer Cortez 12/8/21
EXECUTIVE DIRECTOR FOR H. R. DATE

DEPUTY SUPT. FOR BUS. & FIN. DATE 12-9-21

SUPERINTENDENT DATE

Revised 10/21

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF HUMAN RESOURCES
SALARY CALCULATION FORM
(EMPLOYEE FILE)

NAME: Pamela Bernal ID#: 8909
PREVIOUS EMPLOYEE: Celina Romero ID#: 515
(AS APPLICABLE)

I. ASSIGNMENT

VACANCY: ☒ NEW POSITION: ☐ Other: ☐

POSITION:	Instructional Aide	PREVIOUS POSITION:	
LOCATION:	Benavides	LOCATION:	
PAY GRADE:	03	PAY GRADE:	
BASE PAY:	$19,736.55	BASE PAY:	$
ADDITIONAL PAY:	$	ADDITIONAL PAY:	$
STIPEND(S):	$	STIPEND(S):	$
TOTAL PAY:	$19,736.55 HRS: 7.50	TOTAL PAY:	$ HRS:
DAILY/HRLY RATE:	$14.38 DAYS: 183	DAILY/HRLY RATE:	$ DAYS:
TRAVEL:	$	TRAVEL:	$
ACCOUNT CODE:	166-11-6129-00-111-225-000	ACCOUNT CODE:	

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PAYROLL DEPT
DEC 09 2021

II. CERTIFICATION

SCHOOL YEAR
2021-2022

CURRENTLY CERTIFIED: YES: ☐ NO: ☐ N/A: ☐

CERTIFICATION AREA(S): _____

STANDARD: ☐ ALTERNATIVE: ☐ NON-RENEWABLE PERMIT: ☐

EMERGENCY PERMIT: OTHER:

III. EXPERIENCE

EPISD (PARA-PROF) EXPERIENCE: 0 year(s) EPISD (PROF) EXPERIENCE: 0 year(s)

OTHER EXPERIENCE: 0 year(s) TOTAL EXPERIENCE: 0 year(s)

PROFESSIONAL HIRING PAY STEP EXPERIENCE: 0 year(s)

VERIFIED: Pam M. Dai 11/30/21
Human Resources Officer

11.30.21
Payroll Director

APPROVED: 12/6/21
Executive Director for HR

12-7-21
Deputy Superintendent for B&F

This form is required when there is a change in Base Pay, Additional Pay, Stipend(s) included with annual salary, and Travel as approved on a Superintendent's Agenda or at a School Board Meeting as applicable. This form is not required for employee pay increases recommended by the Superintendent and approved by the School Board as part of the Annual Budget.

FOR PAYROLL USE ONLY*

PROCESSED BY: _____ 2.722 *VERIFIED BY: _____ 2321
HUMAN RESOURCES/PAYROLL DATE HUMAN RESOURCES/PAYROLL DATE

EFFECTIVE PAY PERIOD: 1/15/22

*EMPLOYEE THAT VERIFIES MAY NOT COMPLETE THE *FOR PAYROLL USE* ONLY SECTION. DIFFERENT EMPLOYEE MUST PROCESS AND VERIFY *FOR PAYROLL USE* SECTION.
**MUST ATTACH COPY OF THE ITCCS REGION 20 WPRS321 EMPLOYEE PAY INFORMATION SCREEN AND PROVIDE HR AND RISK MANG. DIR. WITH COPY OF FULLY SIGNED FORM

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

587 MADISON STREET • EAGLE PASS, TEXAS 78852 • (830) 773-5181 • WWW.EAGLEPASSISD.NET

RECEIVED
OCT 26 2021
Human Resources
Imelda Urbina

OCT 27 2021

REQUEST FOR ADVERTISEMENT

(PLEASE CHECK ONE): ☐ Certified Position ☐ Administrative Position ☒ Classified Position

REQUISITION:

Campus/Department: Benavides Elementary & Glass Elementary & Mancha Elementary & Seguin Elem

Position: Elementary Bilingual Aide (2) (Instructional Aide) #2

Account Code: 166-11-6129-00-111-225-000 & 166-11-6129-00-105-225-000

Pay Grade: 3 Work Days: 183

RECEIVED
PAYROLL DEPT
DEC 09 2021

REASON:

SCHOOL YEAR 2021-2022

☐ Supplemental Program ☐ Resignation/Retirement ☐ Termination

☐ Reassignment/Transfer ☐ Leave of Absence ☒ Other

Replacement for: To fill vacancies

Comments:

APPROVALS:

Requested by: _____ Campus Principal/Program Director — 10/26/21 Date

Approved by: For J. Cox — Deputy Superintendent for C&I/DO/FBS — 10-28-21 — OCT 26 2021 Date

Received by: _____ Executive Director for Human Resources — 10/28/21 Date

Revised 02/2020

EAGLE PASS I.S.D.
PARAPROFESSIONAL
JOB CLASSIFICATIONS
2021-2022

PAY GRADE 003

- Aide- Instructional (183 days)
- Aide- Instrutional ISS (183 days)
- Aide- Library (183 days)
- Aide- Music (183 days)
- Aide- Parent Liaison (226 Days)
- Aide- P.E. (183 days)
- Caregiver (187-226 days)
- Clerk- Elementary (192 days)
- Clerk- Food Service (226 days)
- Community Liaison Aide (226 days)
- Kickapoo Parent Liaison (183 days)
- Service Advocate Recruiter (192-226 days)
- Student Service Aide*

PAY GRADE 004

- Aide- Instructional - Sp. Ed. (183 days)
- Aide- Nurse (192 days)
- Clerk- Discipline (202 days)
- Clerk- Secondary (192-210 days)
- Clerk- Stats (202 days)
- Computer Lab Manager (183 days)
- Security Guard (183 days)

SCHOOL YEAR
2021-2022

PAY GRADE 005

- Attendance Officer (183 days)
- Registrar (226 days)
- Secretary- Attendance (217 days)
- Secretary- Counselor (217 days)
- Secretary- Curriculum (210-217 days)
- Secretary- Department (217-238 days)
- Secretary to Director (217-238 days)
- Secretary- Scholarship (187 days)
- Secretary to Principal (217-226 days)
- Specialist- Business/Finance (226-238 days)
- Specialist- Day Care (226 days)
- Specialist- Department (226-238 days)
- Specialist- Federal Programs (226 days)
- Specialist- Food Service (226 days)
- Specialist- Human Resources (226 days)
- Specialist- Instruction (226 days)
- Specialist- Media (226 days)
- Specialist- New Generation Systems Chief (226 days)
- Specialist- New Generation System (226 days)
- Specialsit- NCLB (226 days)
- Specialist- Parent Literacy (226 days)
- Specialist- PEIMS (226 days)
- Specialist- Records (226 days)

PAY GRADE 006

- Broadcast Technician (226 days)
- Graphic Designer (238 days)
- LVN (192 days)
- Peace Officers (202 days)
- Secretary to Board (226 days)
- Secretary to Deputy Superintendent (226 days)
- Secretary to Executive Director (226 days)
- Secretary to Superintendent (226 days)
- School Facilities Supervisor (238 days)
- Technology Technician (226 days)

*Student Service Aides starting salary point is minimum wage.

EAGLE PASS I.S.D.
PARAPROFESSIONAL
PAY RANGES
2021-2022

HOURLY RATES			
PAY GRADE	MINIMUM	MIDPOINT	MAXIMUM
003	14.38	18.00	23.00
004	16.43	20.54	25.68
005	19.51	24.39	30.49
006*	21.57	27.00	34.00

**Peace Officers recommended starting hourly rate is $22.59

ANNUAL SALARY BASED ON 183 DAYS (7 1/2 HOURS PER DAY)			
PAY GRADE	MINIMUM	MIDPOINT	MAXIMUM
003	19,736.55	24,705.00	31,567.50
004	22,550.18	28,191.15	35,245.80
005	26,777.48	33,475.28	41,847.53
006	29,604.83	37,057.50	46,665.00

ANNUAL SALARY BASED ON 217 DAYS (7 1/2 HOURS PER DAY)			
PAY GRADE	MINIMUM	MIDPOINT	MAXIMUM
003	23,403.45	29,295.00	37,432.50
004	26,739.83	33,428.85	41,794.20
005	31,752.53	39,694.73	49,622.48
006	35,105.18	43,942.50	55,335.00

Note: Peace Officer recommended minimum annual salary based on 202 days (8 hours per day) is $36,505.44

Maintenance > Staff Job/Pay Data

Payroll

EP000009554

Year: C Frequency: 5 Change

Employee: 008909 : BERNAL, PAMELA

Tables

Maintenance

- Summer School Contracts
- Leave Account Transaction
- Hours/Pay Transmittals

Delete	Details	Job Code	Extra Duty	Account Type	Account Code	Amount	Percent
		SUBT - SUBSTITUTE TEACHER		G	168-11-6122.00-825-123000	4,000.00	100.000%
		SUBT - SUBSTITUTE TEACHER		G	199-11-6112.00-001-111726	4,000.00	100.000%
					Total:	8,000.00	200.000%

Rows: 1 of 2

14•38 x
7•5 =
107•850 *

107•850 x
183• =
19,736•550 *

0•0[illegible]

0•000 *

Job Code:

Extra Duty Code:

Account Type: G Standard gross pay

Account Code: 168-11-6122.00-825-123000

Account Code not in Finance

Amount: 4,000.00 out of 4,000.00

Percent: 100.000%

Activity Code: 79 Other Supplemental

TRS Grant Code:

Worker's Comp Code: CLASS C- PROFESSIONA

Expense 373: Y Account used in ASB distr

Employer Contribution: ☑

Performance Pay: ☐

SCHOOL YEAR 2021-2022

DEC 09 2021

RECEIVED PAYROLL DEPT

Utilities

Version: 6 Build: 0200.3
Host: XXX.XXX.XXX.8 Browser: GC 96.0

HRS3100 County/District: 159901 Session Timer: 239 min and 56 sec | Help

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

Mastered for Excellence

TO: Samuel Mijares, Superintendent of Schools

FROM: Jaime Gonzalez, Bil/GT/Fine Arts/Title III Director

DATE: November 16, 2021

SUBJECT: Recommendation for Bilingual Instructional Aide

The Interviewing Committee, consisting of 3 persons, met on 11-16-21 to interview applicants for the position of Bilingual Instructional Aide. There were 10 applicants. The Interviewing Committee recommends Pamela Bernal for the position.

If additional information is needed, please call me at your convenience.

Interviewing Committee:

Sergio Espinal — Agree ☑ Disagree ☐

JAIME H. GONZALEZ — Agree ☑ Disagree ☐

Elizabeth James — Agree ☑ Disagree ☐

_____ — Agree ☐ Disagree ☐

_____ — Agree ☐ Disagree ☐

NOTE: Principal/Administrator will ensure that none of the interviewing committee members is related to the persons selected for interviews.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

1420 EIDSON ROAD • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

PERSONNEL RECOMMENDATION FORM

(*Please check one*): ☐ Certified Position ☐ Administrative Position ☒ Classified Position

Candidate's Name: Pamela Bernal Position/Title/Grade Level: Bilingual Inst. Aide

Location: Benavides Elementary Bilingual Position: ☒ Yes ☐ No

Names of those interviewed	Certification			
Martha C. Luna	☐ Life	☐ Standard	☐ Probationary	☒ N/A
Erika Musquiz	☐ Life	☐ Standard	☐ Probationary	☒ N/A
Leslie Sanchez	☐ Life	☐ Standard	☐ Probationary	☒ N/A
Gabriela Ruiz	☐ Life	☐ Standard	☐ Probationary	☒ N/A
Cynthia Martinez	☐ Life	☐ Standard	☐ Probationary	☒ N/A

Does the recommended candidate meet the requirements for the position? **Yes** ☒ **No** ☐

Did you follow the hiring procedures in DC (Legal/Local)? **Yes** ☒ **No** ☐

List justification for selecting candidate (i.e. strengths, experience, specialized skills, include reasons for selecting someone w/probationary vs. standard or life certificate if this is appropriate to your recommendation).

Based on the interview committee, the qualifications, previous job experience, and interview questions, the recommended candidate is the best candidate for the position.

RECEIVED
PAYROLL DEPT
DEC 09 2021

List the names of interviewing committee.

Jaime Gonzalez, Elizabeth Torres, Sergio Esquivel

SCHOOL YEAR
2021-2022

ADMINISTRATIVE RECOMMENDATION

"I am recommending this candidate for the above-named position. The candidate is the best applicant to meet our specific campus needs."

Signature of Location Administrator 11/30/21 **Date**

"The Eagle Pass Independent School District is an Equal Opportunity Employer, M/F/D/V."

HR 09/29/10

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

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EMPLOYMENT TELEPHONE REFERENCE CHECK

(*Please check one*): ☐ Certified Position ☐ Administrative Position ☒ Classified Position

SECTION I *General/Contact information to be completed by the recommending administrator.*

Applicant's Name: Pamela Bernal

Position Applying For: Bilingual Instructional Aide Location: Benavides Elementary

Name of Organization/School District/Company **Contacted**: CC Winn High School

Contact Person's Name: Jesus Diaz-Wever

Contact Person's Job Title: Principal

SECTION II *Employment information to be completed by the recommending administrator.*

RECEIVED PAYROLL DEPT DEC 09 2021 SCHOOL YEAR 2021-2022

Dates of Employment - From: August 2012 To: May 2016

Position/Title: Tutor & Permanent Sub

Brief Description of Duties: Sub Teacher for teachers on FMLA

Would you rehire this person? Yes ☒ No ☐

SECTION III *Reference information to be completed by the recommending administrator.*

Indicate the reference's response by checking: E = Excellent, S = Satisfactory, U = Unsatisfactory, or NB = No Basis to Judge

AREA	E	S	U	NB	AREA	E	S	U	NB
Attendance	☒	☐	☐	☐	Relationship w/ co-workers/supervisor	☒	☐	☐	☐
Punctuality	☒	☐	☐	☐	Relationship w/ students	☒	☐	☐	☐
Dependability	☒	☐	☐	☐	Relationship w/ parents/community	☒	☐	☐	☐
Commitment	☒	☐	☐	☐	Writing ability	☒	☐	☐	☐
Hard-working	☒	☐	☐	☐	Organizational ability	☒	☐	☐	☐
Initiative	☒	☐	☐	☐	Communication ability	☒	☐	☐	☐
Innovative	☒	☐	☐	☐	Management style	☒	☐	☐	☐
Leadership	☒	☐	☐	☐	Professional judgment	☒	☐	☐	☐
Computer/Technical skills	☒	☐	☐	☐	Overall Performance	☒	☐	☐	☐

Do you have any additional comments about the applicant, which would be helpful to us in making a hiring decision?

N/A

SECTION IV *Verification by the recommending administrator.*

Reference check conducted by: JAIME H. GONZALEZ (ADMINISTRATOR) DIRECTOR (POSITION/TITLE)

(PLEASE PRINT)

(SIGNATURE) 11/19/21 (DATE)

"The Eagle Pass Independent School District is an Equal Opportunity Employer, M/F/D/V."

HR 09/29/10

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

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EMPLOYMENT TELEPHONE REFERENCE CHECK

(*Please check one*): ☐ Certified Position ☐ Administrative Position ☒ Classified Position

SECTION I *General/Contact information to be completed by the recommending administrator.*

Applicant's Name: Pamela Bernal

Position Applying For: Bilingual Instructional Aide Location: Benavides Elementary

RECEIVED
PAYROLL DEPT
DEC 09 2021

Name of Organization/School District/Company **Contacted**: Kids Are First Inc.

Contact Person's Name: Mariarosa Vargas Martinez

Contact Person's Job Title: Supervisor

SCHOOL YEAR
2021-2022

SECTION II *Employment information to be completed by the recommending administrator.*

Dates of Employment - From: August 2016 To: June 2019

Position/Title: Teacher

Brief Description of Duties: 17 children under her care. In charge of curriculum and classroom

Would you rehire this person? Yes ☒ No ☐

SECTION III *Reference information to be completed by the recommending administrator.*

Indicate the reference's response by checking: E = Excellent, S = Satisfactory, U = Unsatisfactory, or NB = No Basis to Judge

AREA	E	S	U	NB
Attendance	☒	☐	☐	☐
Punctuality	☒	☐	☐	☐
Dependability	☒	☐	☐	☐
Commitment	☒	☐	☐	☐
Hard-working	☒	☐	☐	☐
Initiative	☐	☒	☐	☐
Innovative	☐	☒	☐	☐
Leadership	☒	☐	☐	☐
Computer/Technical skills	☐	☒	☐	☐

AREA	E	S	U	NB
Relationship w/ co-workers/supervisor	☐	☒	☐	☐
Relationship w/ students	☒	☐	☐	☐
Relationship w/ parents/community	☐	☒	☐	☐
Writing ability	☒	☐	☐	☐
Organizational ability	☒	☐	☐	☐
Communication ability	☒	☐	☐	☐
Management style	☐	☒	☐	☐
Professional judgment	☐	☒	☐	☐
Overall Performance	☒	☐	☐	☐

Do you have any additional comments about the applicant, which would be helpful to us in making a hiring decision?
N/A

SECTION IV *Verification by the recommending administrator.*

Reference check conducted by: JAIME H. GONZALEZ (PLEASE PRINT) ADMINISTRATOR — DIRECTOR POSITION/TITLE

SIGNATURE — 11/19/21 DATE

"The Eagle Pass Independent School District is an Equal Opportunity Employer, M/F/D/V."

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

HUMAN RESOURCES EMPLOYEE STATUS CHANGE FORM F-230

THIS FORM MUST BE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT

[SUBMIT ONE (1) FORM PER EMPLOYEE]

EMPLOYEE NAME: PAMELA BERNAL **EMPLOYEE ID#:** 8909

CAMPUS/DEPT.: BENAVIDES HEIGHTS ELEM. **ORG. CODE:** 111

POSITION: BILINGUAL INSTRUCTIONAL AIDE **PAY GRADE/DAYS** 3 / 183

[X] **FULL TIME** [ ] **PART-TIME** **HOURS PER WEEK:** 37.50 HRS

PART-TIME EMPLOYEES MAY NOT WORK MORE THAN EIGHTEEN (18) HOURS PER WEEK WITH THE EXCEPTION OF FOOD SERVICE AND TRANSPORTATION EMPLOYEES.

RECEIVED JAN 12 2022 Human Resources Imelda Urbina

PLEASE CHECK THE FOLLOWING AS APPLICABLE:

_____ EMPLOYEE TRANSFER/REASSIGNMENT
X NEW HIRE
_____ EMPLOYEE HIRED IN EXISTING VACANCY
_____ NON-ELIGIBLE FOR FRINGE BENEFITS
_____ ELIGIBLE FOR FRINGE BENEFITS
_____ RETIREMENT
_____ EXTRA DUTY/STIPEND CHANGE
_____ RESIGNATION
_____ FMLA
_____ TERMINATION
_____ FUNDING CHANGE (COMPLETE SECTION BELOW)
_____ WORKER'S COMP. LEAVE
_____ OTHER: _____

RECEIVED PAYROLL DEPT JAN 13 2022

CURRICULUM DEPT. JAN 12 2022 RECEIVED

SCHOOL YEAR 2021-2022

START DATE: January 5, 2022 (MAY BE BLANK; AS APPLICABLE) **END DATE:** 12 2022 (MAY BE BLANK; AS APPLICABLE)

OTHER/REASON FOR CHANGE: Hired as the Bilingual Instructional Aide

MUST ENTER ACCOUNT NUMBER(S)

CURRENT:		NEW:	
Acct#	%	Acct# 166-11-6129-00-111-225-000	100 %
Acct#	%	Acct#	%
Acct#	%	Acct#	%

1.) _____ 1/7/22
PRINCIPAL/DIRECTOR DATE

2.) _____ 1/12/22
PROGRAM DIRECTOR DATE

3.) _____ JAN 12 2022
DEPUTY SUPERINTENDENT DATE

4.) _____ 1-12-22
EXECUTIVE DIR. OF HUMAN RESOURCES DATE

5.) _____ 1-13-22
DEPUTY SUPT. FOR BUSINESS & FINANCE DATE

6.) _____
SUPERINTENDENT DATE

FOR HUMAN RESOURCES/PAYROLL USE ONLY-MUST BE COMPLETELY FILLED OUT

Employees must Initial/Date; same employee may **not** process & verify. If a field does not apply indicate "N/A".

Processed by: Human Resources: _____ Payroll: 2-3-22

Verified by: Human Resources: _____ Payroll: 2.7.22

Pay Period: 2/11/22

Copy to Payroll: _____

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

SALARY CALCULATION FORM

(EMPLOYEE FILE)

NAME: Pamela Bernal ID#: 8909

PREVIOUS EMPLOYEE: Celina Romero ID#: 515

(AS APPLICABLE)

I. ASSIGNMENT

VACANCY: ☒ NEW POSITION: ☐ Other: ☐

POSITION:	Instructional Aide	PREVIOUS POSITION:	
LOCATION:	Benavides	LOCATION:	
PAY GRADE:	03	PAY GRADE:	
BASE PAY:	$19,736.55	BASE PAY:	$
ADDITIONAL PAY:	$	ADDITIONAL PAY:	$
STIPEND(S):	$	STIPEND(S):	$
TOTAL PAY:	$19,736.55 HRS: 7.50	TOTAL PAY:	$ HRS:
DAILY/HRLY RATE:	$14.38 DAYS: 183	DAILY/HRLY RATE:	$ DAYS:
TRAVEL:	$	TRAVEL:	$
ACCOUNT CODE:	166-11-6129-00-111-225-000	ACCOUNT CODE:	

II. CERTIFICATION

CURRENTLY CERTIFIED: YES: ☐ NO: ☐ N/A: ☐

CERTIFICATION AREA(S): _____

STANDARD: ☐ ALTERNATIVE: ☐ NON-RENEWABLE PERMIT: ☐

EMERGENCY PERMIT: OTHER:

III. EXPERIENCE

EPISD (PARA-PROF) EXPERIENCE: 0 year(s) EPISD (PROF) EXPERIENCE: 0 year(s)

OTHER EXPERIENCE: 0 year(s) TOTAL EXPERIENCE: 0 year(s)

PROFESSIONAL HIRING PAY STEP EXPERIENCE: 0 year(s)

VERIFIED: _____ 11/30/21 Human Resources Officer _____ 11.30.21 Payroll Director

APPROVED: _____ 12/6/21 Executive Director for HR _____ 12-7-21 Deputy Superintendent for B&F

This form is required when there is a change in Base Pay, Additional Pay, Stipend(s) included with annual salary, and Travel as approved on a Superintendent's Agenda or at a School Board Meeting as applicable. This form is not required for employee pay increases recommended by the Superintendent and approved by the School Board as part of the Annual Budget.

FOR PAYROLL USE ONLY

PROCESSED BY: _____ HUMAN RESOURCES/PAYROLL DATE

*VERIFIED BY: _____ HUMAN RESOURCES/PAYROLL 2.7.22 DATE

EFFECTIVE PAY PERIOD: _____

*EMPLOYEE THAT VERIFIES MAY NOT COMPLETE THE *FOR PAYROLL USE* ONLY SECTION. DIFFERENT EMPLOYEE MUST PROCESS AND VERIFY *FOR PAYROLL USE* SECTION.

**MUST ATTACH COPY OF THE ITCCS REGION 20 WPR5321 EMPLOYEE PAY INFORMATION SCREEN AND PROVIDE HR AND RISK MANG. DIR. WITH COPY OF FULLY SIGNED FORM

Ok to add to only forms 1/25/22

"The Eagle Pass Independent School District is an Equal Opportunity Employer, M/W/D/V." Revised 11/2021

Employee: 008909 : BERNAL, PAMELA

Staff ID/SSN: 629-08-7793 Texas Unique Staff ID: Last Chan

Name

	Title	First	Middle	Last	Gener
Legal:		PAMELA		BERNAL	
Former:		PAMELA		BERNAL ESPINOZA	

Addresses

	Number	Street/P.O. Box	Apt	City	State
Mailing:	[redacted]	[redacted]		EAGLE PASS	TX Texas
Alternate:	[redacted]	[redacted]		EAGLE PASS	TX Texas

	Address	Country	Delivery Name
Supplemental:			

Travel Commute Distance: 0.0

Sex: F Female Citizenship: ☑ Driver's License: [redacted] DL State: TX Texas

DOB: [redacted] Marital Stat: S Single Deceased: ☐ DL Expir Date: 05-03-2029

Ethnicity

Hispanic/Latino ☑

Race (check all that apply; must select at least one)

American Indian Alaskan Native	☐	Native Hawaiian Pacific Islander	☐
Asian	☐	White	☑
Black African American	☐		

HIDE

SUBD Became Full-time. RB 2/10/22

Employee: 008909 : BERNAL, PAMELA

Employee Status: 6 Substitute

Highest Degree: 1 Bachelor's

Percent Day Employed: 40%

Eligible for Re-hire: ☑

Extract ID: PR4 CONVERSION

W-2 Elec Consent:

1095 Elec Consent:

$10.00/HR

Original Emp. Date: 03-26-2013

Latest Re-Employ Date: 11-29-2021

Retirement Date: 00-00-0000

Take Retiree Surcharge: ☐

NY Take Retiree Surcharge: ☐

Year Round: ☐

ERS Retiree Health Elig: ☐

NY ERS Retiree Health Elig: ☐

RECEIVED
PAYROLL DEPT
NOV 29 2021

Sub Type: default

Employment Type: S Substitute

Retiree Employment Type:

PEIMS Auxiliary Role ID: 222 Other Non-Exempt Auxili.

Highly Qualified: ☐

Paraprofessional Certification: ☐

2021-2022

SCHOOL YEAR
2021-2022

Years Experience

	--Professional--	--Non-Professional--
Total:	02	02
In District:	02	02

Prior Teaching: 0

Contract Information

Class:
Term:
Year:

Extended Leave

Begin: 00-00-0000
End: 00-00-0000

Termination

Date: 04-29-2021
Reason: 01 OTHER EMPLOYME
Full Semester: ☐

Grade(s) Taught:

SET IN KRONOS dlg 11/30/21

CALL EMPLOYEE 12/1/21 9:12am ✓

BIOMETRIC IN KRONOS ✓

READY TO SET UP IN AESOP

SET UP ASSENDER

Unem

ngerprint Information

tatus: B FP not needed
xtract Date: 00-00-0000
ngerprint Date: 00-00-0000

Estimated Annual Salary (Hourly Employees Only)

Budget Code: Activity Fund Func Obj Org Prog

Last 4 of SS:

email:

Phone #

DOB:

Employee: 008909 : BERNAL, PAMELA

Staff ID/SSN: 629-08-7793 Texas Unique Staff ID:

Last Change: 11-29-2021

Name

	Title	First	Middle	Last	Generation	Maiden Name
Legal:		PAMELA		BERNAL		
Former:		PAMELA		BERNAL ESPINOZA		

Addresses

	Number	Street/P.O. Box	Apt	City	State	Zip		Country
Mailing:	7			EAGLE PASS	TX Texas	78852	+ 0000	
Alternate:		AV		EAGLE PASS	TX Texas	78852	+ 0000	

	Address	Country	Delivery Name
Supplemental:			

Travel Commute Distance: 0.0

Sex: F Female Citizenship ☑ Driver's License: DL State: TX Texas

DOB: Marital Stat: S Single Deceased ☐ DL Expir Date: 05-03-2029 Other Language ☐

Ethnicity

Hispanic/Latino ☑

Race (check all that apply; must select at least one)

American Indian Alaskan Native ☐
Asian ☐
Black African American ☐
Native Hawaiian Pacific Islander ☐
White ☑

Phone

Hm (830) 513-0505
Bus ( ) -
Cell ( ) -

Restrictions

Local: A All information restricted
Public: A All information restricted

Local Use

1:
2:

Work E-mail: bernal_pamela@hotmail.com
Home E-mail:

HIDE

Save successful

Maintenance > Staff Job/Pay Data

Payroll

EP000009435

Year: C Frequency: 5 Change

Employee: 008909 : BERNAL, PAMELA

- Tables
- Maintenance
- Payroll Processing
- Inquiry
- Next Year
- Self-Service
- Utilities
- Reports

Pay Status: 1 Active

Pay Campus: 111 BENAVIDES ELEMENTARY

Pay Dept: ☐

Dock Rate: 14.380

Tax Exempt: ☐

Unemployment Elig: ☑

FICA Eligibility: M Subject to medicare

W4 Marital Status: Single

Nbr of Exemptions: 0

TRS

Status: 1 Eligible

Begin Date: 01-05-2022

04-04-2022

FSP Staff Salary Data

Health Ins Code: Y Eligible participating I

FSP Staff Data Code: F Full-Time

Totals

State Min. Salary:	0.00
Extra Duty:	0.00
Contract Amt:	19,736.55
Contract Balance:	9,413.76

Extra Duty Pay

Delete	Remain Amt	Remain Pymts
No Rows		

Bank Info

Delete

815 - IBC-COMMERCE BANK - EAGLE PASS,TX [redacted] 2 Checking account ☐

HR53109 County/District: 159901

Session Timer: 239 min and 57 sec

 | Help

Maintenance > Staff Job/Pay Data

Payroll

EP000009435

Year: C Frequency: 5 Change

Employee: 008909 : BERNAL, PAMELA

Delete Selected

Non-contracted emp

Rows: 1 of 1

Primary Campus: 111 BENAVIDES ELEMENTARY

Dept:

Contract Info

Pay Type: 2 Non-contracted emp Pay Grade: 03I Pay Step: Sched Max Days: Hrs Per Day: 7.50

Total: 19,736.55 Balance: 9,413.76 # of Annual Pymts: 24 Remaining Pymts: 13 Concept: Use midp

# of Months in Contract: 10 State Min Days: 187 Valid basic days in contract Base Annual: 12,690.00

Daily Rate: 107.850 = Contract Total: 19,736.55 / # of Days Empld: 94 # Days Off: 0.0

Pay Rate: 724.14 = Contract Total: 19,736.55 / # Annual Pymts: 24 Payoff Date: 08-31

Reg Hrs Worked: 0.00 OVTM Elig: ☑ OVTM Rate: 21.57 Hrly Rate: 14.38 Exempt Status: ☐ EE(

State Info

State Step: Yrs in Career Ladder: TRS Year: TRS Member Pos: 03 Support staff Wholly Sep

State Min Salary: 0.00 = Foundation Daily Rate: 0.000 X % Assigned: 100% X # of days Empld 94

Calendar/Local Info

Calendar/Local Options: 26 - 2122 183 Days Begin Date: 01-05-2022 End Date: 05-26-2022 # of Da

Years Job Exp: 0 Local Contract Days: 94

Workers' Comp Info

WC Code: B CLASS B- ALL OTHER E 0.002800 WC Ann Pymts: 20 WC Remain: 9

Accrual Info

Code: Accrual Rate 0.000 = Total 19,736.55 / # of Days Empld

Maintenance > Staff Job/Pay Data

Payroll

EP000009435

Year: C Frequency: 5 Change

Employee: 008909 : BERNAL, PAMELA

Maintenance

Delete	Details	Job Code	Extra Duty	Account Type	Account Code	Amount	P
		0031 - INSTRUCTIONAL AIDE		G	166-11-6129.00-111-225000	19,736.55	100.(
					Total:	19,736.55	100.(

Rows: 1 of 1

Job Code:

Extra Duty Code:

Account Type: G Standard gross pay

Account Code: 166-11-6129.00-111-225000

SALARIES/WAGES-SUPPORT PERSONN

Amount: 19,736.55 out of 19,736.55

Percent: 100.000%

Activity Code: 80 Base Salary

TRS Grant Code:

Worker's Comp Code: CLASS B- ALL OTHER E

Expense 373: Y Account used in ASB distr

Employer Contribution: ☑

Performance Pay: ☐

{A} DATE PREPARED 05/04/2021 EFFECTIVE DATE Apr. 29, 2021

NAME Bernal (LAST) Pamela (FIRST) M.

SOC.SEC.NO. _____ - _____ - _____ I.D. NO. 8909

CAMPUS/LOCATION D.S.C. PAY GRADE _____

JOB TITLE Sub - Teacher

DEGREE _____ YEARS OF EXPERIENCE _____

WORK DAYS _____ BOARD/SUPT AGENDA DATE _____

OTHER _____

{B} ADD TO PAYROLL:

- ☐ NEW EMPLOYEE
- ☐ PART TIME
- ☐ TEMPORARY
- ☐ OTHER _____
- ☐ SEE ATTACHED

{C} SALARY OR RATE:

- ☐ PAY GRADE MINIMUM
- ☐ ANNUAL SALARY _____
- ☐ HOURLY RATE _____
- ☐ PER SALARY SCHEDULE
- ☐ DAILY RATE _____
- ☐ OTHER _____

{D} PROMOTION, TRANSFER OR TERMINATION:

- ☐ PROMOTION
- ☐ PAY GRADE RECLASSIFICATION
- ☒ RESIGNATION
- ☐ LEAVE OF ABSENCE
- ☐ TRANSFER _____
- ☐ NEW JOB TITLE _____
- ☐ NEW PAY GRADE _____
- ☐ TERMINATION
- ☒ OTHER Failure to sumbit 2020 LoRA

Jesus Arturo Castellon 5/4/2021
EXECUTIVE DIRECTOR FOR H. R. DATE

5-25-21
DEPUTY SUPT. FOR BUS. & FIN. DATE

RECEIVED
PAYROLL DEPT
MAY 26 2021

SUPERINTENDENT DATE

SCHOOL YEAR
2020-2021

2020-2021

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

HUMAN RESOURCES EMPLOYEE STATUS CHANGE FORM F-230

THIS FORM MUST BE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT

[SUBMIT ONE (1) FORM PER EMPLOYEE]

EMPLOYEE NAME: Bernal, Pamela **EMPLOYEE ID#:** 8909

CAMPUS/DEPT.: D.S.C. **ORG. CODE:** _____

POSITION: Sub - Teacher

☐ **FULL TIME** ☐ **PART-TIME** **HOURS PER WEEK:** _____

PART-TIME EMPLOYEES MAY NOT WORK MORE THAN EIGHTEEN (18) HOURS PER WEEK WITH THE EXCEPTION OF FOOD SERVICE AND TRANSPORTATION EMPLOYEES.

PLEASE CHECK THE FOLLOWING AS APPLICABLE:

_____ EMPLOYEE TRANSFER/REASSIGNMENT	_____ NEW HIRE
_____ EMPLOYEE HIRED IN EXISTING VACANCY	_____ NON-ELIGIBLE FOR FRINGE BENEFITS
_____ ELIGIBLE FOR FRINGE BENEFITS	_____ RETIREMENT
_____ EXTRA DUTY/STIPEND CHANGE	X RESIGNATION
_____ FMLA	_____ TERMINATION
_____ FUNDING CHANGE (COMPLETE SECTION BELOW)	_____ WORKER'S COMP. LEAVE

_____ OTHER: _____

START DATE: _____ (MAY BE BLANK; AS APPLICABLE) **END DATE:** Apr. 29, 2021 (MAY BE BLANK; AS APPLICABLE)

OTHER/REASON FOR CHANGE: Failure to submit 2020 Letter of Reasonable Assurance

MUST ENTER ACCOUNT NUMBER(S)

CURRENT:		NEW:	
Acct# _____	____%	Acct# _____	____%
Acct# _____	____%	Acct# _____	____%
Acct# _____	____%	Acct# _____	____%

RECEIVED PAYROLL DEPT MAY 2021 SCHOOL YEAR 2020-2021

1.) _____ PRINCIPAL/DIRECTOR DATE

2.) _____ PROGRAM DIRECTOR DATE

3.) _____ DEPUTY SUPERINTENDENT DATE

4.) _____ EXECUTIVE DIR. OF HUMAN RESOURCES 4/29/2021 DATE

5.) _____ DEPUTY SUPT. FOR BUSINESS & FINANCE 5-6-21 DATE

6.) _____ SUPERINTENDENT DATE

FOR HUMAN RESOURCES/PAYROLL USE ONLY-MUST BE COMPLETELY FILLED OUT

Employees must Initial/Date; same employee may not process & verify. If a field does not apply indicate "N/A".

Processed by: Human Resources: _____ Payroll: RB 6/9/21

Verified by: Human Resources: _____ Payroll: RB 6/9/2021

Pay Period: 6/15/2021

Original to Human Resources: _____ Copy to Payroll: _____

Rev. 12/18

Pay Information Maintenance

Save | Warnings | Emp Maint | Pay Info 2 | Dir Dep Data | Distribution Data | Deduction Data | Emp Pay Simulation | TRS

*** WARNING!!! EMPLOYEE PAY STATUS IS INACTIVE

Staff Information

Payroll: 5

Employee Number: 000008909 SSN: --- Qualifier: P Campus: 900 INACTIVE

W-4 Docs | Other Docs | Search

Find

	Prefix	First	Middle	Last	Gen
Name:		PAMELA		BERNAL	

Pay Status: 2 - Inactive
Pay Rate Code: 4 - Substitute
Pay Rate: 10.00
Regular Hours: 0.00
Hours Per Day: 0.00
Daily Rate: 0.000
Absence Rate: 15.000
Overtime Eligibility: 2 - Overtime eligible
Overtime Rate: 0.00

Annual Contract: 4000.00
Contract Balance: 0.00
Payoff Date: 06 30 2020
Contract Months: 00
Number of Days Employed: 178
Actual Contract Days: 178
State Min Fund: 0.00

Payments

Annual Payments: 00
Remaining Payments: 00
Work / Comp Payments: 00
Rem Encumbrance Payments: 00

Unemployment Eligible: Yes
Accrual Code:
Marital Status: 1 - Single
Number of Exemptions: 00
IRS Lock-In Letter:
FICA Eligible: 1 - Subject to FICA
EIC Flag: 0 - Not eligible

W-4 Information Year 2020

Filing Status:
Multiple Jobs:

Credits

Number of Qualifying Children: 00
Number of Other Dependents: 00
Other: 0.00

Adjustments

Other Income: 0.00
Deduct: 0.00

ITCCS EAGLE PASS ISD | Reporting Products | Go | Log Off | 6/9/2021 2:05:49 PM

Change Responsibilities | Main Menu | Employee Data Menu | My Menu

WPR5321

Pay Information Maintenance

Save | Warnings | Emp Maint | Pay Info 2 | Dir Dep Data | Distribution Data | Deduction Data | Emp Pay Simulation | TRS

PAY INFORMATION UPDATED; 1 WARNING MESSAGES HAVE BEEN ISSUED.

Staff Information

Payroll: 5

Employee Number: 000008909 SSN: Qualifier: P Campus: 900 INACTIVE

W-4 Docs | Other Docs | Search

Find

Prefix	First	Middle	Last	Gen
Name:	PAMELA		BERNAL	

Pay Status: 2 - Inactive

Pay Rate Code: 4 - Substitute

Pay Rate: 10.00

Regular Hours: 0.00

Hours Per Day: 0.00

Daily Rate: 0.000

Absence Rate: 15.000

Overtime Eligibility: 2 - Overtime eligible

Overtime Rate: 0.00

Annual Contract: 4000.00

Contract Balance: 0.00

Payoff Date: 06 15 2021

Contract Months: 00

Number of Days Employed: 178

Actual Contract Days: 178

State Min Fund: 0.00

Payments

Annual Payments: 00

Remaining Payments: 00

Work / Comp Payments: 00

Rem Encumbrance Payments: 00

Unemployment Eligible: Yes

Accrual Code:

Marital Status: 1 - Single

Number of Exemptions: 00

IRS Lock-In Letter:

FICA Eligible: 1 - Subject to FICA

EIC Flag: 0 - Not eligible

W-4 Information Year 2020

Filing Status:

Multiple Jobs:

Credits

Number of Qualifying Children: 00

Number of Other Dependents: 00

Other: 0.00

Adjustments

Other Income: 0.00

Deduct: 0.00

Employment Maintenance

Save | Warnings | Pay Info 1 | Pay Info 2 | Dir Dep Data | TRS

*** WARNING!!! EMPLOYEE PAY STATUS IS INACTIVE

Staff Information

Payroll: 5

Employee Number: 000008909 SSN: *** ** Qualifier: P

Deduc Docs | Leave Docs | Other Docs | Self-Svc Pay Docs | W-4 Docs | Search

Find

	Prefix	First	Middle	Last	Gen
Name:		PAMELA		BERNAL	

Campus: 900 Dept: INACTIVE

State Step: State Basic Days: 180

Pay Grade: Pay Step: Pay Step Level: 0

Percent Day Employed: 040

Experience

Total Years: 02 Increase: Years in District: 02 Increase: Years for Pay: 00 Increase:

Total Years Local: 02 Increase: Years in District Local: 02 Increase:

Dates

Contract Dates: Begin: 08 26 2019 End: 06 03 2020

Employed Date: 03 26 2013

W2 Elec Consent: Earn Stmt Elec Consent: 1095C Elec Consent:

Termination Date: 09 07 2020 Termination Reason: 01 OTHER EMPLOYMENT

Re-employed Date: 02 12 2019 Resignation Date: 05 17 2017 School Year:

Highest Degree Level: Professional Status:

Non-Instructional Evaluation Code: Next Year Extraction ID: PR4

Job Code: SUBT Desc: SUBSTITUTE TEACHER Aux Role ID: 222 Desc: OTHER NON-EXEMPT AUXILIARY (NO

Career Ladder

Begin Year: Level: State Amount:

TCCS EAGLE PASS ISD

Reporting Products | Go | Log Off | 6/9/2021 2:06:03 PM

Change Responsibilities | Main Menu | Employee Data Menu | My Menu

Employment Maintenance

WPR5315

Save | Warnings | Pay Info 1 | Pay Info 2 | Dir Dep Data | TRS

EMPLOYMENT DATA UPDATED

Staff Information

Payroll: 5

Employee Number: 000008909 SSN: ... Qualifier: P

Deduc Docs | Leave Docs | Other Docs | Self-Svc Pay Docs | W-4 Docs | Search

Find

Prefix	First	Middle	Last	Gen
Name:	PAMELA		BERNAL	

Campus: 900 Dept: INACTIVE

State Step: State Basic Days: 180

Pay Grade: Pay Step: Pay Step Level: 0

Percent Day Employed: 040

Experience

Total Years: 02 Increase: Years in District: 02 Increase: Years for Pay: 00 Increase:

Total Years Local: 02 Increase: Years in District Local: 02 Increase:

Dates

Contract Dates: Begin: 08 26 2019 End: 04 29 2021

Employed Date: 03 26 2013

W2 Elec Consent: Earn Stmnt Elec Consent: 1095C Elec Consent:

Termination Date: 04 29 2021 Termination Reason: 01 OTHER EMPLOYMENT

Re-employed Date: 02 12 2019 Resignation Date: 05 17 2017 School Year:

Highest Degree Level: Professional Status:

Non-Instructional Evaluation Code: Next Year Extraction ID: PR4

Job Code: Desc: Aux Role ID: Desc:

Career Ladder

Begin Year: Level: State Amount: 0.00

ITCCS EAGLE PASS ISD

Reporting Products | Go | 6/9/2021 Log Off 2:06:09 PM

Change Responsibilities | Main Menu | Employee Data Menu | My Menu

Local Labor Maintenance

WPR7315

Save | Labor 2 | Delete

DATA FOUND. PLEASE ENTER CHANGES

Staff Information

Payroll: 5 Campus: 900 INACTIVE

Employee Number: 000008909 SSN: ... .. Find | Search

	Prefix	First	Middle	Last	Gen
Name:		PAMELA		BERNAL	

SUB-OBJECT

Status: ACTIVE Effective Date: 02 12 2019

Phone Number:

Pay Rule: PD FOR HRS WFC Employee Type: WFT

Group Schedule Assignment:

Terminal Group Assignment: CAMPUSES

Accrual Profile Assignment:

FT Expected Amount: PT Expected Amount:

ITCCS EAGLE PASS ISD

Reporting Products | Go | 6/9/2021 Log Off 2:06:16 PM

Change Responsibilities | Main Menu | Employee Data Menu | My Menu

Local Labor Maintenance

WPR7315

Save | Labor 2 | Delete

DATA NOT FOUND. PLEASE ENTER DATA AND CLICK SAVE

Staff Information

Payroll: 5 Campus: 900 INACTIVE

Employee Number: 000008909 SSN: ... .. Find Search

	Prefix	First	Middle	Last	Gen
Name:		PAMELA		BERNAL	

SUB-OBJECT

Status: Effective Date:

Phone Number:

Pay Rule: WFC Employee Type:

Group Schedule Assignment:

Terminal Group Assignment:

Accrual Profile Assignment:

FT Expected Amount: PT Expected Amount: