RECEIVED

LETTER OF INTENT

FOR TEACHING POSITION

MAR 03 2025

Human Resources Mari Madera

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]

DEPARTMENT OF HUMAN RESOURCES

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

APPLICATION FOR PROFESSIONAL EMPLOYMENT

I. PERSONAL INFORMATION

	I. PERSONAL INFORMA	LIION					
PRINT IN INK OR TYPE INFORMATION) Date of Application: 2 128 25	Date Available	e for Employment:	Immediately availab				
Name: Pamela Bernal	Social Securit	y/Employee ID:	8909				
Address: 1110 5th St apt	4 City: Ecyle	Pass State	:: <u>Tx</u> Zip Code: <u>1885</u> 2				
Home Telephone Number: 830-513	3-05-05 Business/Offi	ce Telephone:					
Have you ever been employed with EPISD? No Yes If so, please list position: Bit rough Finds 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 INFORM	IATION					
Check all positions for which you are a Pre K/Kindergarten	applying and are qualified: High School, Grades 9-12	Counselor	Adult Education Instruct				
Elementary, Grades	Vocational	Librarian					
Elementary, Bil., Grades	Music:	Nurse	☐GED:				
☐ Junior High, Grades 7-8	Special Education	ESL/Citizenship) <u>; </u>				
Other: Check Extra-curricular Activities You	Are Qualified and/or are Willin	g to Sponsor					
	am/Cheerleader Drama/Speech	UIL/Academic	s Other:				

III. CERTIFICATION

	alid Out of State:			one/Degree Only:		
Write exactly as it reads on	your Teacher Certifica PROFESSIONA	te/License an L ****	<u>d provide a co</u> ********	y for the office * Date Iss	ued Date	Expired
**************************************					ued Date	Expired
For Texas Certified Educa	tors					
Have you ever been or are	you currently on a peri	mit or one yea	r certificate?		□ Y	es No
If YES, list the type of per	mit(s)/one year certific	ate(s)			_	
Have you completed your	permit/certificate requi	rements?				es 🗓 No
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If you are a recent college If NO, list what you are pe					□ Y	es 🚺 No
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Name of Institution	Location	Dates Attended START/END	Graduation	Type of Degree/Diploma	Major Bachelor/Master	Minor
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Bachelor's Grade Point A	verage (GPA): Over	erall	Major	N	linor	
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		V. EXP	ERIENCE			
List in order all work exp	erience beginning with	most recent.	(Attach separa Position	te sheet if necessary	.) Area Code and	Reason for
Mo/Vr Mo/Vr	Name and Address of Em	1		Supervisor	Phone Number \$30 158 7006	Leaving
Nov 29 present Be	navidej Elemento 7 RubiRogers Dr.	GPTX Bi	lingual Aide			present-
01,01, Oct 5, Kic	ts are first In	ic T	eacher	Mrs. Maldonado Rosa Vargas	830158&71	school
				1	1	1

VI. REFERENCES

Full Name of Reference	School District/Firm Name	Mailing Address	Position/Title	Area Code and Phone Number
Olivia Garcia	Benaviae i Elementan	ogarcia@ eglepasisd ne	Principal	830 758700
Amy Quentides	EPTSD Benances Elementary	goyervides@eglepassisd.	netofficer	830758 7006
Jose Wegrete	EP HS	jnegrete 20 eglepassiadne i	Teacher	8301732881

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, entire 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.
Day of 28 20 25 Legal Signature of Applicant

DEPARTMENT OF HUMAN RESOURCES

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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 SSN
Address 1110 Sth St Apt #4
City Eagle Pass State TX Zip Code 78852
Signature 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.

DEPARTMENT OF HUMAN RESOURCES

NEPOTISM STATEMENT

School Board Members						
Jorge Barrera	H	Hilda Martin	ıez	Christo	opher Hiller	
Victor E. Perry	Morris Libs	on	Jaime B	arrera	Tomas Gonzalez	
I Particle 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 4125 These illustrations depict the relationships that violate the nepotism law. CONSANGUINITY (Blood) Board member is prospective employee's:						
Second Degree Gran	Second Degree Grandparent Grandchild Sister/Brother 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 Child Grandparent 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.

DEPARTMENT OF HUMAN RESOURCES

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SECTION 1. TO BE COMPLETED BY THE APPLICANT; UPON COMPLETING THIS SECTION, PLEASE FORWARD TO A FORMER SUPERVISOR/INSTRUCTOR.						
Applicant's Name: Pamela Berna	Social Security Number:		mber;)-()		
Position for which you are applying:	icher_					
Reference Name Title in relationship to applicant						
Pafavana Nama	Ti	tle in relationship to	applicant			
Reference Name		_				
Benavicles Etementary 930 158 7006 Company/School Telephone Number						
• •	ORIZATION S					
I have applied for employment with the Eagle Pass ISD. In my past performance and qualifications. I will not hold you employment/education. Thank you for your assistance.	authorize EPISE ou or the organiza	to collect information tile to the supply	on, either orally or : ying any such infor	in writing, pertaining to mation concerning my		
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Signature			Date			
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			ACCEPTABLE	COMMENTS		
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Accepts constructive criticism and supervision						
Communicates information effectively	W W		- 			
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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	B					
Is knowledgeable and current infield	<u> </u>					
Is receptive to new ideas and changes	$\overline{\mathbf{Q}}$					
13 receptive to not request and whenever	<u>. </u>					
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	Ø					
Communicates student's successes and failures to parents	<u> </u>					
Demonstrates knowledge of subject matter	<u> </u>					
Demonstrates ability to diagnose and address student needs	W.					
Encourages student performance consistent with abilities	M M					
Uses a variety of instructional methods	प					
Assigns work which is relevant and purposeful	₩.					
Works well as part of an instructional team	<u> </u>					
How long have you known the applicant? 3 WS Would you recommend the applicant for the position desired? Yes \(\subseteq \) No \(\subseteq \) Not at this time						
Signature Office (Official Position	puncipa	<u> </u>	ate $\frac{1}{16/25}$		

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Position for which you are applying:	<u>cher</u>						
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D. C (Name)	Tit	le in relationship to a	pplicant				
Reference Name		000	-0.5000	en.			
Benavides Elementary 8307587006 Company/School Telephone Number							
	ORIZATION ST	ratement .					
							
I have applied for employment with the Eagle Pass ISD. Imp past performance and qualifications. I will not hold ye employment/education. Thank you for your assistance. Signature SECTION II. TO BE COMPLETED BY REFERENCE PLEASE RATE THE APPLIANT BY COMPLETED.	ou or the organiza	mon name to supply		nation concerning my			
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DEPARTMENT OF HUMAN RESOURCES

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SECTION I. TO BE COMPLETED BY THE APPLICANT; UPON COMPLETING THIS SECTION, PLEASE FORWARD TO A FORMER SUPERVISOR/INSTRUCTOR.							
Applicant's Name: Pariela Bernal Social Soci							
Position for which you are applying: Teacher							
Tose Negrete Reference Name	Jose Negrete Title in relationship to applicant						
EP +1S Company/School Reference Name 830 713 2381 Telephone Number							
	ORIZATIONS	<u> </u>					
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. 2-4-25 Date							
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Works well as part of an instructional team How long have you known the applicant? Syears Would you recommend the applicant for the pointion desired? Official Position EPHS 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

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SUL ROSS STATE UNIVERSITY

www.suiross.edu

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Claudia R. Wright, Director of Admissions and Records

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Pamela Bernal

Rajor : Incerdisciplinary Studiem

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Degree Awarded Bachelor of Arts 14-MAY 2016

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Lancador Mario de la composição de la co

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

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.

EAGLE PASS TX SOUTH WEST TEXAS JUNIOR COLLEGE- AEL EXTENSION CENTER

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 prekindergarten 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

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 PERMI	T	
Description	Effective Date	Expiration Date	Status
Core Subjects with STR	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.

TEX

Office of Educator Cartification and Testing

Office of Educator Certification and Testing	9	Texas Education Agency
The employing School District must maint	ain this form in the distric	's personnel office after
processing is completed.	First Name	Initial
Last Name	Pamela	
Bernal	T dirioid	,
TEA ID Number	400 <u>5</u> 079	
	1985278	Yes
Have you ever been the subject of an arrest that I	nas resulted in deletted (es No
adjudication, probation or conviction? If YES , attach a statement with the date and place	e of arrest nature of charge, d	ate and court trial, and subsequent
disposition.	e of affect, flatare of charge, a	•
Applicant's Status (Select Only One)		
must successfully complete all appropriate teaching duties. I understand that no renew must successfully complete the appropriate permit." "I possess a Texas teacher certificate which Texas school during the 1985-86 school year appropriate examination requirements. I have be valid for 6 months or through the end or renewal of this permit is available; and to cappropriate examination prior to the expire	lists a validity date prior to the examinations prior to the examinations prior to the exam or subsequent years, and have been advised and underst of the school year whichever is ontinue my employment, I mustion of this non-renewable prior to the example of the school year whichever is the example of this non-renewable prior this prior that is a second the example of the example	piration of this non-renewable by 1, 1986, I was not employed in a live not successfully completed the and that is approved, this permit will less. I further understand that no list successfully complete the
Applicant's Affidavit (All applicants must exec "I do hereby agree, consent and direct that any per criminal history shall release all such information of	erson or entity maintaining info	rmation in any form relating to my ducation Agency."
"I do further hereby agree and permit the Texas Edrelating to my personal background, my moral chhereby expressly direct that any such person or en Agency."	aracter and my worthiness to in ntity release such information u	pon the request of the Texas Education
"I do hereby release, discharge and exonerate the or entity so furnishing information from any kind	and all liability of every kind are	ang therenom.
"The foregoing consent and release is valid and b credential issued under the authority of the Texas	s Education Code.	
"I understand that any credential issued to me by agree that I will tender my credential to the Texas	the Texas Education Agency is Education Agency if I am orde	the property of the State of Texas. I red 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 Education and	
Applicant's Affidavit continued (All	applicants must execute this affidavit)
"I understand that a copy of this affidavit s	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 159901 Beginning date of teaching duties for this permit assignment

09/29/2025

109901						
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 .	
Name of Superinterident of AdditionZea Hepressian	1. 1	ایرا
Jesus Arturo Costilla	101	151
Executive Director for Human Resources	1	

Signature of Superintendent or Authorized Representative

My active Costle

DEPARTMENT OF HUMAN RESOURCES

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

INTENT FORM - PARAPROFESSIONAEN

		<u>Checklist</u>
DATE: NAME:	11-4-21 Pamela Bernal	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
S.S.# or ID:	579 63 1193	6. Exam has/ has not been passed Date: College Transcripts 8. High School Diploma or Transcripts 9. GED 10. CDL / Drivers License
PHONE:	830 513 0505	11. Copy of License/Certificate
ADDRESS:	747 Avenue B	Comments:COMPLETE

FOR OFFICE USE ONLY:

POSITION APPLYING FOR: Bilingual Aide - 2

Applica	nt: please check any and all that apply
7	Currently an EPISD Employee
	Application is on File (less than a year)

EAGLE PASS INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF HUMAN RESOURCES

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

APPLICATION FOR CLASSIFIED EMPLOYMENT

I PERSONAL INFORMATION

I. PERSONA	AL INFORMATION			
(PRINT IN INK OR TYPE INFORMATION) Date of Application: 11-3-2021	Date Available for Employment: TODAY			
Name: Pamela Bemal	Social Security Number:			
Address: 747 Avenue B	City: Eggle Pass State: Tx Zip Code: 78852			
Home Telephone Number:	Business/Office Telephone:			
Are you currently employed in another school district. Have you been or are you currently on an employee Have you ever been terminated for cause, been as non-renewal, or left employment involuntarily? If y Have you ever been disciplined for inappropriate condisciplinary probation or been suspended from any Have you ever held a certificate in any state which a credentialing or licensing authority? If yes, please Have you ever left a school district during the school district during the school any place of employment? If so, please explain below has a co-worker every filed a grievance against you behavior at any place of employment? If so please Has a parent or any other person ever filed a complex explain has any person or entity ever stated a complaint, for the school district during the schoo	ked to resign, had a contract non-renewed, resigned in lieu of yes, please explain below. Onduct with a co-worker, student or third party, been placed on position? If yes, please explain below. Was canceled, revoked, or suspended, received a sanction from explain below. Chool year or any place of employment for reasons other than the action to avoid possible disciplinary action against you at low. On or filed a complaint against you concerning your work or explain below. Olaint against you at any place of employment? If so, please Cormally or informally, against you at any place of employment?			
Are you a retired employee participating in Texas-	-TRS? ☐ Yes ☐ No			
II. POSITION APPLYING FOR:	Business and finance			
III. EDUCATIONAL BACKGROUND				
Name of Location Dates 1	Date of Type of Major Minor Graduation Degree/Diploma Bachelor/Masters			
SUROS, 3107 30b 2012	May 2016 Bachelur OF Bachelor			
(Minersity Rogers Dr. 2016)	Enterdisciplinary Studys Bilingual			
	edication.			

IV. EXPERIENCE

ist in o	rder all wor	k exper	ience beginning	With most re-	cent. (Attach separ	Immediate		Area Code	and	Reason for
From	To	Na	ame and Address of	Employer	1 0511.011	Supervisor	Γ	Phone Num	ber	Leaving
Mo/Yr 1/20	Mo/Yr	500	n west to	exas Junio	Y ESL Y TEOCHEY	MIS. Berr	011	830-752 1761		
28/16		Las	COLODIAS	Head	Teacher.	Mrs. Mart	mcz	830 758 6767	S	school
8/12	05/16	SID	T.S.D V(CC WIN	TUTOV, and Permanentsu	Mrs. Orie	zgas	878 ST8		50hw1
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	<u> </u>	<u> </u>								
				v. R	EFERENCES	3				
Full N	ame of Refere	nce	School District	/Firm Name	Mailing Ac	idress	Pos	sition/Title		ode and Phone
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Maria 1		9925	Oscar A. Ga Kids are 1		Eagle 1255	WHO HWY	DIA	ector	830	158076
	Garcia	之	Memorial	777 (41,)	1000 Lewis	St. x = x 852	SPAC	atim ICCC	wey 8	367738
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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 o	or type the following information)	c	CN
Full Name	Pamela Bernal		SSN
Address	747 Avenue 13		Zip Code 18852
City	Eagle Pass State	<u>TX</u> ,	$\begin{array}{ccc} \text{Zip Code} & = 18852 \\ \text{Date} & = 11-3-21 \end{array}$
Signature	Devely Deal		$\frac{11-0-21}{2}$

DEPARTMENT OF HUMAN RESOURCES

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

SECTION 1. TO BE COMPLETED BY THE APPL UPON COMPLETING THIS SECTION	ICANT:	FORWARD TO A F	ORMER SUPERVI	SOR/INSTRUCTOR.
UPON COMPLETING THIS SECTION	J11, 1 DE2XOL X			
Applicant's Name: Pamela B	ernal	Social Securit	y Number:	<u> </u>
Position for which you are applying:	(sines)	and fi	nance	
Jesus Diaz Wever	-	Former Title in relationsh	Supe Y	visor
EPISD-CCWIN Company/School		830- Telephone Numb	757-08 per	28
	IORIZATIO	N STATEMENT		
				ther exally or in writing
I have applied for employment with the Eagle Pas pertaining to my past performance and qualificati information concerning my employment/education	ong iwin nu	L HOIG YOU OF CHO OF	e.	
			11	4-21
Signature			Date	
	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE/ COMMENTS
CHARACTERISTICS	51 KOM	П		
General appearance, appropriate dress, grooming	1821 1827	ā	П	
Exercises professional judgment in absences from work			Ē	
Accepts constructive criticism and supervision		ㅂ	ī	
Communicates information effectively	<u> </u>		片	
Demonstrates good judgment				
Establishes personal growth and career path			님	
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? Would you recommend the applicant for the po	D 24 4/5 sition destred	? Yes	☐ No	
- Friday	_)		<u>// _ 华.</u> Date	_ 2/
Signature				
Position/Title				

DEPARTMENT OF HUMAN RESOURCES

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

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SECTION 1. TO BE COMPLETED BY THE APPL UPON COMPLETING THIS SECTION	ICANT: ON, PLEASE I	FORWARD TO A F	ORMER SUPERVI	SOR/INSTRUCTOR.
Of Off Command				
Applicant's Name: Pamela B	emal	Social Securit		
Position for which you are applying:	siness c	ind Finan	ice	
Position for which you are apply		D	SUDARVIC	XV
Mariarosa Vargas Mtz Reference Name Kids Ave First Inc	-		Supervis nip to applicant	
Vide A First las		(830)5	13-0279	
Company/School	_	Telephone Numb		
		N STATEMENT		
I have applied for employment with the Eagle Paspertaining to my past performance and qualification information concerning my employment/education			e.	ther orally or in writing, or supplying any such
Daul Bu			Date	
Signature			2 200	
THE A COURT PARTICE	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE/ COMMENTS
CHARACTERISTICS General appearance, appropriate dress, grooming	Ø			,
	<u> </u>			
Exercises professional judgment in absences from work		П		
Accepts constructive criticism and supervision		Ä	П	
Communicates information effectively	√ □	닉		
Demonstrates good judgment	☑′	님		
Establishes personal growth and career path	Ld'	닠	Ll	
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Displays a practical approach to problem solving	Ū,			
Inspires cooperation and confidence	□			
Provides support and assistance when needed	\Box V.			- And the state of
Is knowledgeable and current in field	\Box			
Is receptive to new ideas and changes	<u> </u>			
How long have you known the applicant? Would you recommend the applicant for the po	5 475 sition desired	? Yes	□ No	2121
May				0/41
Signature				
Center Manager				
Position/Title				

DEPARTMENT OF HUMAN RESOURCES

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

NEPOTISM STATEMENT

School Board Members and Superintendent					
Jorge Ba	arrera Hild	a P. Martinez	Hector Alvarez	Lupita Fuentes	
Glenna	Purcell Christo	pher Hiller	Victor E. Perry	Samuel Mijares	
Superintendent of within three degree	Schools and/or the es of consanguinity	(blood relation)	or by two degrees o	I Lam not related to the s Independent School District, of affinity (marriage).	
I fully understand termination of my	that any false infor employment in thi	mation contained s position.	here will be just ca	use for the immediate	
	icant <u>Quu</u>			Date	
These illustrations	depict the relationshi	ps that violate the r	nepotism law.		
CONSANGUINIT	Y (Blood)	Superintendent/Be	oard Member is prosp	pective 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.



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,

Par m. Dr

My Jesus Arturo Costilla

Executive Director for Human Resources

Human Resource

Date

XC: Olivia Garcia, Principal Employee file

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

THIS FORM MUST BE	PKEFAKLD DI IIIDA			¬., ▽
{A} Employee Status: New Cu	rrent Full-Time	Part-Time Sub	TRS Retiree Yes	_lNol∆l
Other:	Fringe Benefi	ts: Yes No	Hrs per Week:	
Name: Bernal	Pamela		М.	
Last		444 DENA		
I.D. /Soc Sec #:8909			VIDES	
Degree: BA/BS MA/M	e Pav	Work 193	Years of	
Degree: BA/BS MA/M	Grade: 3	Days:	Exp:	
Instructional Aide		Job Co	de:	
Job Title: Instituctional 7 (1882) Effective Date of Change: 8/20)/25 Roa	rd/Sunt. Agenda Da	nte: 8/19/25	, <u></u>
		ru, supg		
Account Code(s): see attachr	nent			
{B} Salary or Rate (Salary Calculation	Form Attached):			
		Per Supplem	ental/Salary Schedule	:
Pay Grade Minimum				
Hourly Rate				
{C} Employee Status Change (HR	Employee Letter Attached as	applicable):		
· · · · · · · · · · · · · · · · · · ·			cher	
	Extended Leave No	ew Job Title	9	
Pay Grade Reclassifica	ntion No	ew Job Code		
Promotion				
Resignation/Terminat	on R	eassignment		
Retirement	T	ransfer	407	
Supplemental Ad	d Delete Z C	other Work Days	101	
Additional Info: see attachme	nt			
Account Code(s):				
	distor	$\sim /M_{\odot}//$	HAM WALL	8/13/2
1.) Yam M. /L	0/13/25 PER DATE	EXECUTIVE	DIRECTOR FOR HR	DATE
HUMAN RESOURCES OFFIC		V		
121	~ 12-75	4.)		
3.)	FIN. DATE	4.) SUPERINTE	ENDENT	DATE
DEPUTY SUPT. POR BUS. 6	y			

DEPARTMENT OF HUMAN RESOURCES

SALARY CALCULATION FORM (EMPLOYEE FILE)

	ID#: 8909
NAME: Pamela Bernal	ID#: 1403
PREVIOUS EMPLOYEE:	Maribel Santos ID#: 1403
I. ASSIGNMENT	Change effective date:
VACANCY: POSITION: Teacher LOCATION: Benavides PAY GRADE: 07 BASE PAY: \$60,100.00 ADDITIONAL PAY: \$ STIPEND(S): \$	NEW POSITION: Other: PREVIOUS POSITION: Instructional Aide LOCATION: Benavides PAY GRADE: 03 BASE PAY: \$22,030.00 ADDITIONAL PAY: \$ STIPEND(S): \$ TOTAL PAY: \$22,030.00 HRS:
TOTAL PAY: \$60,100.00 DAILY/HRLY RATE: \$321.39	HRS: 101AL PAI. \$22,000.00 DAYS: 183
*May not add up due to rounding.	II. <u>CERTIFICATION</u>
CURRENTLY CERTIFIED:	YES: NO: N/A:
CERMIFICATION AREA(S):	
STANDARD:	ALTERNATIVE: NON-RENEWABLE PERMIT:
EMERGENCY PERMIT:	OTHER: Emergency Permit
	III. <u>EXPERIENCE</u>
EPISD (PARA-PROF) EXPE	
OTHER EXPERIENCE: 0 ye	
PROFESSIONAL PAY STEP	EXPERIENCE: 2 year(s)
VERIFIED: Fature M Human Reso	urces Officer Payroll Director
APPROVED: Executive Di	and Travel as annroyed on
This form is required when there is a a Superintendent's Agenda or at a S by the Superintendent and approved	change in Base Pay, Additional Pay, Stipend(s) included with annual salary, and Travel as approved on chool Board Meeting as applicable. This form is not required for employee pay increases recommended by the School Board as part of the Annual Budget.
	FOR PAYROLL USE ONLY*
PROCESSED BY: HUMAN RESOURCES/P	*VERIFIED BY:
EFFECTIVE PAY PERIOD:	TTE THE <i>FOR PAYROLL USE</i> ONLY SECTION. DIFFERENT EMPLOYEE MUST PROCESS AND VERIFY <i>FOR PAYROLL USE</i> SECTION. O WARS 321 EMPLOYEE PAY INFORMATION SCREEN AND PROVIDE HR AND RISK MANG, DIR. WITH COPY OF FULLY SIGNED FORM

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

Special Education Aide

General Clerk/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 IRRING 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 DERTIFICATE 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.	STATE MINIMUM	LOCAL SALARY*	PROFESSIONAL SUPPORT POSITIONS	5,500
PAY STEP EXPERIENCE	33,660	60,000	BUSINESS & SPECIAL EVENTS OFFICER	10,000
0	34,390	60,050	COUNSELOR- HEAD HIGH SCHOOL	7,000
1		60,100 🗸	COUNSELOR- HEAD JR. HIGH	7,000
2	35,100 35,830	60,150	COUNSELOR - LICENSED PROFESSIONAL	6,000
3		60,200	COUNSELOR	5,000
4	37,350	60,300	LIBRARIAN: LEARNING RESOURCE CERTIFICATION	4,750
5	38,800	60,400 Q ^A ,	LIBRARIAN: LEARNING RESOURCE ENDORSEMENT	}
6	40,410	60,500	SPECIAL EDUCATION:	4,000
7	41,830	60,600	ASSESSMENT SPECIALIST	7,000
8	43,170	60,700	DIAGNOSTICIAN	8,500
9	44,440 45,630	60,800	LICENSED SPECIALIST- SCHOOL PSYCHOLOGY	17,000
10	46,770	60,900	LICENSED SPEECH PATHOLOGIST	6,000
11	47,850	61,000	PHYSICAL THERAPIST	5,000
12	48,850	61,100	PHYSICAL THERAPIST ASST.	6,000
13		61,200	SPEECH THERAPIST	5,000
14	49,810	61,300	SPEECH PATHOLOGIST ASSISTANT	4,000
15	50,710	61,400	TEACHER-AUDITORY/VISUALLY IMPAIRED	1,500
16	51,570	61,500	PEP SUPERVISOR	5,500
17	52,370	61,600	PUBLIC IT TOTAL CEFFICER	2,150
18	53,140	61,700	REGISTEF	1,500
19	53,860	61,800	SOCIALY	L SALARY STEP INCREASE IS NOT
20**	54,540	YS AND IS PRORATED BASED ON ADDI	TONAL WORKIN	F OURCEST

IS PART OF THE OVERALL SALARY APPROVED AT THE DISCRETION OF THE BOA INS, AND RNS, INCLUDING PREVIOUSLY EMPLOYEED SCHOOL DISTRICT EMPLOY E, HIRED OR REHIRED EMPLOYEES WITH OVER 20 YEARS OF EXPERIENCE WILL IR SPECIFIC PROFESSIONAL SUPPORT POSITIONS AND IS PRODUCTED BASED ON

		IR SPECIFIC PROFESSIONAL SUPPORT	
60,100.00	÷	INCLUDES:	PUBLIC I 150, OFFICER (22)
187•	=	BUSINESS & SPECIAL EVENTS OFFICER (226 DAYS) BUSINESS OPERATIONS MANAGER (238 DAYS)	REGISTERED NURSES (192
321 • 390	*	COUNSELOR (192-226 DAYS) HR OFFICER (226 DAYS)	SCHOOL FACILITIES SUPEI SOCIAL VORKER (192 DAY SP. ED. AS SESSMENT SPE
0•000	*	LIBRARIAN (187 DAYS) MICROCOMPUTER TECH. (226 DAYS) PEIMS DATA ANALYST (226 DAYS)	SP. ED. AJDIOTORYMISUA SP. ED. DIAGNOSTICIAN (2 SP. ED. LICENSED SPECIA
0•000	*	PEP SUPERVISOR (226 DAYS)	

60,100,4 321 + 390374331*

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 (225 DAYS)

0 = *



Maintenance > Staff Job/Pay Data

EP000009554

Yea: C

Frequency: 5

Change

Employee: 008909 : BERNAL, PAMELA













Delete	Details	Job Code 0031 - INSTRUCTIONAL AIDE		166-11-0125,00-11-0	2-210	Percent 100.000% 100.000%	
Rows: 1 o	of 1		 				~

Job Code:

Extra

Duty Code:

Account Type: G Standard gross pay

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

SALARIES/WAGES-SUPPORT PERS

Amount: 22,030.00 out of 22,030.00

Percent: 100.000%

Activity Code:

80 Base Salary

TRS Grant Coge:

Worker's Comp Code: CLASS C- PROFESSIONA

Expense 373:

Y Account used in ASB distr

Employer

Contribution:

Performance

Pay:



V



Benaviges 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

TO:

Samuel Mijares, Superintendent of Schools

JUL 2 2 2025)

FROM:

Olivia R. Garcia, Benavides Heights Elementary Principal

Human Resources Jeaus A. Codilla

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:			
Mane-		<u> </u>	
Olivia R. Garcia	Agree	Х	Disagr
Any Operator	Agree	Х	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.

DEPARTMENT OF HUMAN RESOURCES

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

PERSONNEL RECOMMENDATION FORM

	<u> </u>			
(Please check one):	Certified Position	Administrative Position	n Classified Po	sition
	Pamela Bernal	Position/Title/Grade	Level: Teacher	
Candidate's Name:	Pameia Demai		K********************************	To
Location:	Benavides Heights Ele	ementary Bilingual Position:	☐ Yes	10
		Certification		
Names of those inter	viewed	Columbia		∏N/A
Pamela Bernal		☐ Life ☐ Standard	☐ Probationary ☐ Probationary	N/A N/A N/A
			yes ⊠	No 🗌
Does the recommend	ded candidate meet the	requirements for the position	ĭ ies △	110
	nirmg procedures in DC		Yes 🔀	Ne 🗌
Dia you to now the h	urme ha		1: - 3 akilla include r	easons for
List justification for	r selecting candidate (i.	e. strengths, experience, speci	anzeu skins, merade i	
selecting someone w	v/probationary vs. stan	dard or life certificate <u>if</u> this is	у аррхоргадо за у	
recommendation).				
***	monde Pamela Ré	ernal for the position based o	n her abilities and	
				f our
qualifications. 1	m Miss Bernal is wel	l versed in creating interactive	e lessons, incorporat	ing
student population	managing classroom d	ynamics.		
technology and i	managing viacer			
	nterviewing committee.			
Olivia R. Garcia	ı, Amy Oyervides and	Priscilla Luna		
	ADMINIS	TRATIVE RECOMMEND	<u>ATION</u>	
"I am recomment	r die andidate for t	he above-named position. The our specific campus needs."		pplicant to meet
	Dane	·	<u> 1/21/25</u>	
	Signature of I	ocation Administrator	/ Date	
			· · · · · · · · · · · · · · · · · · ·	"

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

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 Cownstance Relationship w/ co-workers/supervisor Relationship w/ students Relationship w/ parents/community Writing ability Organizational ability Communication ability Initiative Innovative Innovative Leadership Commuter/Technical skills Commuter/Technical skills
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 Principal (PLEASE PRINT) POSITION/TITLE
July 21, 2025 SIGNATURE July 21, 2025

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):		nistrative Posit	ion Classified Position mmending administrator.	
Applicant's Name: Pamela Bernal Position Applying For: Teacher		Location:	Benavides Heights Elementary	
Name of Organization/School District/Com	pany Contacted:	Eagle Pass ISD		
Contact Person's Name: Amy Oyerv	ides			
Contact Person's Job Title: Instructiona	ll Officer			
SECTION II Employment information Dates of Employment - From: August	on to be completed t 2024	d by the recommo	ending administrator. May 2025	
Position/Title: Bilingual Instruction				
instruction to meet individual learning in Would you rehire this person? Yes	needs. No 🗌		nplete assignments, adapting	
SECTION III Reference information Indicate the reference's response by check	n to be completed king: E = Excellent,	by the recommen S = Satisfactory, U =	Olishinia de la	ige
AREA Attendance Punctuality Dependability Commitment Hard-working Initiative Innovative Leadership Computer/Technical skills	Relat	AREA cionship w/ co-workionship w/ student tionship w/ parents ing ability mizational ability agement style essional judgment rall Performance	kers/supervisor	
Do you have any additional comments at Ms.Bernal is very organized and is able to	oout the applicant, very connect with students	vhich would be hel ents' needs to crea	pful to us in making a hiring decision te a positive learning environment.	ı? ——
SECTION IV Verification by the re	ecommending adn	ninistrator.	-	
Reference check conducted by: Oliv	ia R. Garcia ADMINISTRATOR		Principal POSITION/TITLE	
(LPEVOR LIGHT)	Dance	r	July 21, 2025	

3559948665

Name:

TEA ID:

Employee Signature:

BERNAL PAMELA
Last First Mi

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

	3611001	Position Held	Full Semester	Yrs	% of Day Emp	No Days Emp	Dates of Service From - To		Prior Yr Bal	Earned	Used	Remaining Balance
		District Type	Full Semester	03			8-09-2024 05-01-2025	(A)	.00	.00	.00,	.00
	2024 - 25	INSTRUCTIONAL AIDE PUBLIC		03	100	124.200	0 00 202	(B)	.00	37.50	37.50	.00
							8-10-2023 05-24-2024	(A)	.00	.00	.00	.00
	2023 - 24	INSTRUCTIONAL AIDE PUBLIC		02	100	146,000	8-10-2023 00-24-2024	(B)	.00	37.50	37.50	.00
								(A)	.00	.00	.00	.00
	2022 - 23	INSTRUCTIONAL AIDE		01	100	183.000	08-11-2022 05-25-2023	(B)	.00	37.50	37.50	.00.
								(.00	.00	.00	.00
	0004 00	INSTRUCTIONAL AIDE		00	100	94.00	01-05-2022 05-26-2022	(A)	.00	18.75	18.75	.00
1	2021 - 22	PUBLIC						(B)	.00	10.70		
The state of				00	40	178.00	08-26-2019 06-03-2020	(A)	.00	.00	.00	.00
	2019 - 20) SUBSTITUTE TEACHER PUBLIC		00	40	170.00	VO	(B)	.00	.00	.00	.00
						400.00	02-12-2019 06-06-2019	(A)	.00	.00,	.00	.00
	2018 - 1	9 SUBSTITUTE TEACHER PUBLIC		00	40	180.00	02-12-2019 00-00-2016	(B)	.00	.00.	.00	.00
								7 (0)	.00	.00	.00	.00.
	2016 - 1	7 TUTOR		00	100	180.00	08-22-2016 05-17-2017	7 (A) (B)	.00	.00	.00	.00.
	2010 - 1	PUBLIC						(6)	.02			
				00	າ 10	n 180 00	08-24-2015 06-01-201	6 (A)	.00	.00.	.00	.00.
	2015 - 1	6 SUBSTITUTE TEACHER PUBLIC		00	, 10	0 10010	, -	(B)	.00.	.00	.00	.00.
							ana ar anggane na 201	5 (A)	.00	.00.	.00	.00.
	2014 - 1	15 SUBSTITUTE TEACHER		00) 10	0 180.00	008-25-2014 06-03-201	(B)	.00.	.00	.00	.00
	2017	PUBLIC						(0)				.00.
				0	n 4	in 50 0	0 03-26-2013 06-05-201	3 (A)	.00	.00.	.00.	.00.
	2012 - 1	13 SUBSTITUTE TEACHER PUBLIC		O.				(B)	.00.	.00	.00.	.00

Authorized Signature:

EXECUTIVE DIRECTOR FOR HUMAN RESOURCES

Job Title:

Teacher

Wage/Hour Status: Exempt

Reports to:

Principal

Pay Grade/Work Days: 7/8 187

Dept./School: Assigned Campus

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

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

- 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 1. differences in student differences.
- 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 2. according to guidelines established by Texas Education Agency, board policies, and administrative regulations
- Conduct assessment of student learning styles and use results to plan instructional activities. 3.
- Work cooperatively with special education teachers to modify curricula as needed for special education students according to guidelines established in Individual Education Plans (IEP). 4.
- Work with other members of staff to determine instructional goals, objectives, and methods according 5. 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.
- 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

- 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

- 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 and duties that may be assigned	nsibilities assigned to this job and is not an exhaustive and or skills that may be required.
	Date
Approved by	
Reviewed by	Date

me: dress: 747 AVENUE B ty Dist: 159-901 le Run: 08-26-2025 1:51 PM ched: timated Annual Salary:

Multi-Job: N W4 Nbr Children Under 17: 1 Iginal Emp Date: 03-26-2013 ep. rade: 03l rimary: Y acant Other Income: \$.00 ພາກual Salary: 66-11-6129.00-111-525000 of Days Empid: ay Rate: Type Description aily Rate: 03 LOCAL LV PAMELA BERNAL EAGLE PASS, TX 78852-0000 INSTRUCTIONAL AIDE INSTRUCTIONAL AIDE INSTRUCTIONAL AIDE Account Code Assigned: 100:00% Begin Date: Beg Bal Earned \$24,241.00 \$1,010.04 \$132.460 c 183 Wholly Sep Amt: Contract Amount: End Date: Local Contract Days: Contract Balance: 0 \$0.00 Used \$24,241.00 End Bal Emp Nbr: 008909 Degree: DOB: W4 Nbr Other Dependents: 0 Retirement Date: Latest Re-Emp Date: W4 Other Deductions: \$.00 OT Elig: OT Rate: State Min Salary: 0 Percent 100,000% Employee Salary Information 08-08-2025# Months in Contract: \$24,241.00 Remaining Pymts: 05-22-2026# Days in Contract: \$24,241.00# of Annual Pyrnts: 1 - Bachelor's Budget Information \$0.00 Salary Calculation Job Information Eagle Pass ISD Leave Information 183 Hourly Rate: Activity 80 Type Description Beg Bal 11-29-2021 08 STATE PR TRS Grant \$26.49 Yrs Experience Total: Yrs Experience District: Creditable Year of Service: \$0.00 Yrs Prof Exper Total: Yrs Prof Exper District: W4 Other Exemptions: Work Email: pbernal@eaglepassisd.net \$17.66 Wkly Hrs Sched: Exp 373 Yrs in Career Ladder: State Step: 24 WC Code: 24 FICA Eligibility: 10 TRS Status: 0 TRS Position: Payoff Date: Earned Acct Type 0 **\$**00 183 Used Program: HRS1650 Page: 1 of 06 Pay Campus: 04 Frequency: Extra Duty Cd Perform Pay ດ 03 - Support staff 1 - Eligible 08-31-2026 M - Subject to medicare **Primary Campus:** W4 Filing Status: 0 End Bal O sΞ 3 Ċ,

Employee Signature

7

Date

2025-2026

2025-2026 MASTER RECORD

NAME: POSITION: CAMPUS:	 Algibrations 	ELA BERNAL ICTIONAL AIDE 111	ID: NUMBER OF DAYS: HRS. P/DAY: Only required for	8909 183 7.5 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		+ a
25-26 SALARY:	\$	24,241.00		
25-26 DAILY RATE:	\$ \$ \$	132.46		
25-26 HOURLY RATE:	\$	17.66	25-26 PG Min:	\$ 17.20
25-26 OT RATE:	\$	26.49	If below minimum	n, requires salary adj.
25-26 PAY RATE:	\$	1,010.04		
				Dete
	Verified B	У		Date
		Annual Annua		Data
	Verified B	у		Date

ate Run: 04-08-2025 1:14 PM

Employee Salary Information Eagle Pass ISD

Program: HRS1650

Page: 1 of

PAMELA BERNAL ame:

Emp Nbr: 008909 SSN.

111 05 Pay Campus:

daress: 747 AVENUE B

DOB:

Yrs Experience District:

03 Frequency:

EAGLE PASS, TX 78852-0000

Yrs Prof Exper District: Yrs Prof Exper Total:

111 **Primary Campus:** S

5

Perform Pay

hone:

riginal Emp Date: 03-26-2013 Degree: Latest Re-Emp Date:

Creditable Year of Service: 11-29-2021

Yrs Experience Total:

W4 Filing Status:

nty Dist: 159-901

PR2

stimated Annual Salary:

Retirement Date:

Extract ID:

V4 Multi-Job: N W4 Nbr Children Under 17: 1

\$0.00

W4 Nbr Other Dependents: 0

1 - Bachelor's

Work Email: pbemal@eaglepassisd.net

V4 Other Income: \$.00

W4 Other Deductions:

W4 Other Exemptions:

Job Information

INSTRUCTIONAL AIDE lob:

Assigned: 100.00% Begin Date:

08-09-2024# Months in Contract:

08-28-2025 1 - Eligible

rimary: Y

End Date:

05-23-2025# Days in Contract:

10 TRS Status: 0 TRS Position:

03 - Support staff

031 Grade: Step:

Contract Amount:

\$22,030.00# of Annual Pymts: \$8,261.20 Remaining Pymts:

24 FICA Eligibility: 9 WC Code:

M - Subject to medicare

3ched:

Contract Balance: Local Contract Days:

Amount

\$22,030.00

183 Hourly Rate:

Payoff Date:

C

/acant:

\$16.05 Wkly Hrs Sched:

38

t of Days Empld:

183 Wholly Sep Amt:

Job:

Budget Information

INSTRUCTIONAL AIDE

166-11-6129.00-111-525000

Account Code

Activity 80 100.000% Salary Calculation

TRS Grant

Job:

INSTRUCTIONAL AIDE

\$0.00 State Step:

Exp 373

Extra Duty Cd

Annual Salary:

\$22,030.00

State Min Salary:

Yrs in Career Ladder:

Acct Type

G

00 ٥

Pay Rate: Daily Rate:

\$917.92 \$120.383 OT Elig: OT Rate:

Percent

\$24.08

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

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

Employee Signature

Date

					FORM	8909	
ployee Name:		Pamela Berna			ampus:	111	
Period:		10/31/2025			ampus: ob Code:	0029	
ition:		Teacher	C44 000	,,	100%		
count:	199-1	1-6119-00-111-	611-000	_	10074		
		REAS	ON FOR ADJ	JSTMENT			
New Employee:		Special Ed:		Chairperson:		* *	
		Master's:		Promotion:	XX	8. 1. M.	
Coaching Stipend:			Returning from FM	LA & going from A	ide at 111 to T	eacher at 111.	
Reassignment:	м	TRS Status:	1	Pay Type:	1	Pay Grade:	007
FICA Eligibility _		•		- Hrs p/day:	7.5	Contract amount: _\$	60,100.00
Pay Step:	02	State Step:		Remain. Pymts:	21	# of Months:	10
		_Annual Pymts: _		- 111111111111		O/T Rate:	
State Min. Days:	187	St. Min. Salary:			37.5	TRS Member Pos:	02
Daily Rate: _	T 444 (414)		8/31/2020	-	ays Based on:	187	
Calendar Code:		04		- P. Tali, 1778	ract End Date:	5/22/20	26
Contract Begin Date:	9/29	7/2025		1,000		147	
Effective Date:	9/29	9/2025		No. of Da	ıys emploγed:		60,100.00
\$60,100.00	+		+	Extra Amount		Total Contract	
Contract Amount		Extra Amount				C The second	47,244.33
147		_ x	\$ Dails	321.39 Rate	•	Total Contrac	
No. of Days to	work		pany	*	16.4		
Description of Extra:				Account :			_
		_ ×				Total Extra	Earned
No. of Days to	work	artino.	Daily	Rate)/a		
Description of Extra:		$-\Delta A$					
						Total Extra	Earned
No. of Days to	work		Dail	y Rate		Total Extra	Earned
No. of Days to		_ X					
•					ntract Amount		Earned 47,244.33
•				Total Adj. Co	ntract Amount	: \$	47,244.33 -
•		Payments				: \$ S	47,244.33 -
Description of Extra:			Fro	Total Adj. Co m- To		: \$ <u>\$</u> Contrac	47,244.33 - t Paid -
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PAYROLL DEPARTMENT EMPLOYEE CHECKLIST FORM

EMPLOYEE NAME: Berna, Pamela		ID:{	3909	
NEW EMPLOYEE		CURRENT EMF	PLOYEE	\checkmark
PART TIME W/BEN. PART TIME CAUDETITATE		SUPPLEMENT REASSIGNMEI RESIGNATION LEAVE		N 🗸
NEW EMPLOYEE ONLY		YES	ON FILE	N/A
DIRECT DEPOSIT FORM			✓	
2. W-4 FORM			√	
3. KRONOS ENROLLMENT (Hourly Only)				✓
4. SOCIAL SECURITY STATEMENT Full Time or Part Time with Ben				
CURRENT EMPLOYEE ONLY		YES	NO IN	ITIAL/DATE
5. SUPT/BOARD AGENDA				~
6. F-230 REQ.#:	_			
DATE: CONTA	ACT:		INITIAL:	
DATE: CONTA	ACT:		INITIAL:	
DATE: CONTA	ACT:		INITIAL:	_
DATE: CONT.	ACT:		INITIAL:	
DATE: CONT	ACT:		INITIAL:	
<i>NOTE:</i> 1) Must advise Payroll Directo 2) Must advise Bus. & Finance	r if F-230 in in Director if F-	abox more than t 230 in inbox mor	two (2) consecure than three (3	tive days.) consecutive days.
DATE: CONT	ACT:		INITIAL:	
DATE: CONT	TACT:		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: - - .

<u>Add:</u> - -,

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 %

Approved By			
Step Form Submitted Create Req # Organization Approval DSC Approval Organization Approval Organization Approval DSC Approval DSC Approval DSC Approval Deputy Supt. For Business and Finance Approval	Name Gabriela M. Thatcher Workflow Olivia R. Garcia John Cox Jaime H. Gonzalez Jesus A. Costilla Tohui L. Valero Gaby Vandermaal Ismael Mijares	Account gthatcher@eaglepassisd.net _workflow ogarcia@eaglepassisd.net jcox@eaglepassisd.net jgonzalez7@eaglepassisd.net EPISD\jcostilla EPISD\tvallero EPISD\gvandermaal EPISD\jmijares	Date 08/14/2025 03:28 PM 08/14/2025 03:28 PM 10/02/2025 11:38 AM 10/02/2025 12:25 PM 10/03/2025 08:01 AM 10/03/2025 01:26 PM 10/03/2025 03:56 PM 10/03/2025 03:56 PM
>	y Human Resources	$\mathcal{C}($	Verified by Payroll
1.	Date: Date:	1. Lang La	Date: 10/7/25
XC.	Date:	xc. 10	-31-25 Date:

APPROVED F-230



Eagle Pass Independent School District

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,

M Jesus Arturo Costilla

far m. Di

Executive Director for Human Resources

XC: Olivia Garcia, Principal Employee file

HUMAN RESOURCES EMPLOYEE STATUS FORM HR-230
THIS FORM MUST BE PREPARED BY THE HUMAN RESOURCES DEPARTMENT

} Employee Status: New Curre	ent Full-Time Part-Time Sub TRS Retiree Yes No
Other:	Fringe Benefits: Yes No Hrs per Week:
Name: Bernal	Pamela First M.
	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	5 Board/Supt. Agenda Date: 8/19/25
Account Code(s): see attachmen	nt
B} Salary or Rate (Salary Calculation Fo	orm Attached):
Pay Grade Minimum	Per Supplemental/Salary Schedule
Hourly Rate	Other
{C} Employee Status Change (HR Em	
FMLA WC External Pay Grade Reclassification Promotion	New Pay Grade 07
Resignation/Termination	Reassignment AUG 2 1 2025
Retirement	Transfer SCHOOL YEAR Other Work Days 187 2025-2026
Additional Info: see attachment	
Account Code(s):	
1.) Pa. M. D. HUMAN RESOURCES OFFICER	8/3/2 2.) W the Collection for his date
3.) DEPUTY SUPT. FOR BUS. & FIN	N. DATE SUPERINTENDENT DATE

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: Description: Teacher Location: Benavides PAY GRADE: 07 BASE PAY: \$60,100.00 ADDITIONAL PAY: \$ STIPEND(S): \$ TOTAL PAY: \$60,100.00 DAILY/HRLY RATE: \$321.39 TRAVEL: \$ ACCOUNT CODE: 199-11-61	NEW POSITION: Other: Instructional Aide LOCATION: Benavides PAY GRADE: 03 BASE PAY: \$22,030.00 ADDITIONAL PAY: \$ STIPEND(S): \$ HRS: TOTAL PAY: \$22,030.00 HRS: DAYS: 187 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. <u>CERTIFICATION</u>
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 RECEIVED PAYROLL DEPT
EPISD (PARA-PROF) EXPER	
OTHER EXPERIENCE: 0 yes	ar(s) TOTAL EXPERIENCE: 2 year(s)
PROFESSIONAL PAY STEP	YEAR
VERIFIED: Fatum. Human Resou	Payroll Director
APPROVED: Executive Dir	
a Superintendent's Agenda or at a Sch	change in Base Pay, Additional Pay, Stipend(s) included with annual salary, and Travel as approved o nool Board Meeting as applicable. This form is not required for employee pay increases recommende by the School Board as part of the Annual Budget.
PROCESSED BY: UMAN RESOURCES/PAY EFFECTIVE PAY PERIOD: *EMPLOYEE THAT VERIFIES MAY NOT COMPLET! *MIST ATTACH COPY OF THE ITCCS REGION 20 V	FOR PAYROLL USE ONLY* *VERIFIED BY: HUMAN RESOURCES/PAROLL DATE HUMAN RESOURCES/PAROLL DATE E THE FOR PAYROLL USE ONLY SECTION. DIFFERENT EMPLOYEE MUST PROCESS AND VERIFY FOR PAYROLL USE SECTION. WPR5321 EMPLOYEE PAY INFORMATION SCREEN AND PROVIDE HR AND RISK MANG. DIR. WITH COPY OF FULLY SIGNED FORM

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

AUG 2 1 2025

SCHOOL YEAR 2025-2026

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

			ED ON THE MINIMUM OF THE PROFESSIONAL HIRING SCHEDULE P.	ADDITIONAL PAY***
BY THE SUPERINTENDENT. PAY STEP EXPERIENCE	STATE MINIMUM	LOCAL SALARY*	PROFESSIONAL SUPPORT POSITIONS	5,500
0	33,660	60,000	BUSINESS & SPECIAL EVENTS OFFICER	10,000
1	34,390	60,050	COUNSELOR- HEAD HIGH SCHOOL	7,000
2	35,100	60,100 V	COUNSELOR- HEAD JR. HIGH	7,000
3	35,830	60,150	COUNSELOR - LICENSED PROFESSIONAL	6,000
4	37,350	60,200	COUNSELOR	5,000
5	38,800	60,300 CA	LIBRARIAN: LEARNING RESOURCE CERTIFICATION	4,750
6	40,410	60,400 🥨	LIBRARIAN: LEARNING RESOURCE ENDORSEMENT	
	41,830	60,500	SPECIAL EDUCATION:	4,000
8	43,170	60,600	ASSESSMENT SPECIALIST	7,000
9	44,440	60,700	DIAGNOSTICIAN	8,500
10	45,630	60,800	LICENSED SPECIALIST- SCHOOL PSYCHOLOGY	17,000
11	46,770	60,900	LICENSED SPEECH PATHOLOGIST	6,000
12	47,850	61,000	PHYSICAL THERAPIST	5,000
13	48,850	61,100	PHYSICAL THERAPIST ASST.	6,000
14	49,810	61,200	SPEECH THERAPIST	5,000
15	50.710	61,300	SPEECH PATHOLOGIST ASSISTANT	4,000
16	51,570	61,400	TEACHER-AUDITORY/VISUALLY IMPAIRED	1,500
17	52,370	61,500	PEP SUPERVISOR	5,500
18	53 140	61,600	PUBLIC IN TOTAL OF FIGER	2,150
19	53,860	61,700	REGISTEF	1,500
20**		61,800	SOCIALV	L SALARY STEP INCREASE IS NOT
60,100·00 187· 321·390	IS PART OF THE OVERALLS UNS, AND RNS INCLUDING I E. HIRED OR REHIRED EMP B SPECIFIC PROFESSIONA INCLUDES: BUSINESS & SPECIAL EVEN	NAGER (238 DAYS) REGISTERE	TRICT EMPLOY PERIENCE WILL	AL HIRING SCHEDULE VSED SPEECH PATHOLOGIST (202 DA JPATIONAL THERAPIST (202 DAYS) ICH PATHOLOGIST ASST. (202 DAYS) SICAL THERAPIST ASST. (202 DAYS)
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SP. ED. LICENSED SPECIA

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MICROCOMPUTER TECH. (226 DAYS)

PEIMS DATA ANALYST (226 DAYS)

PEP SUPERVISOR (226 DAYS)

0 = *

ND WAREHOUSE OPERATIONS (238 DAYS)

87-217 DAYS)

R (226 DAYS)

321.390374331*

Maintenance > Staff Job/Pay Data

EP000009554

Year: C

Frequency: 5

Change

Employee: 008909 : BERNAL, PAMELA

-}→







Delete	Details	Job Code	Extra Duty	Account Type	Account Code	Amount	Percent
		003I - INSTRUCTIONAL AIDE		G	166-11-6129.00-111-525000 Total:		100.000% 100.000%

Rows: 1 of 1

Job

Code:

Extra

Duty Code:

Account Type:

Account

166-11-6129.00-111-525000 Code:

G Standard gross pay

SALARIES/WAGES-SUPPORT PERS

22,030.00 out of 22,030.00

Amount:

Percent: 100.000%

Activity Code:

80 Base Salary

TRS Grant Code:

Worker's Comp Code:

PAYROLL DEPT

CLASS C- PROFESSIONA

Expense 373:

Y Account used in ASB distr

Employer Contribution:

Performance

Pay:

© 2020 Texas Computer Cooperative

V



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

TO:

Samuel Mijares, Superintendent of Schools

JUL 2 2 2025)

FROM:

Olivia R. Garcia, Benavides Heights Elementary Principal

Human Resources Jesus A. Costilia

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:				
Mani-				
Olivia R. Garcia	Agree	X	Disagr	
An Onder	Agree		Disagree	
AmyOyervides	1 LETOC			RECEIVED
HAIN				PAYROLL DEPT
Priscilla Luna	Agree	X	Disagree	Sand Sand Sand Sand Sand Sand Sand Sand
				AUG 7 + 2025
	Agree		Disagree	, and a second
			<u> </u>	SCHOOL YEAR 2025-2026
	Agree		Disagree	

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

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	Adminis	trative Position	Classified Po	sition
Candidate's Name:	Pamela Bernal	Position Position	on/Title/Grade L	evel: <u>Teacher</u>	
Location:	Benavides Heights Eler	mentary Bilin	ngual Position:	☐ Yes ⊠ N	lo l
Names of those interv	iewed	Certification	l		
Pamela Bernal		☐ Life ☐ Life ☐ Life ☐ Life ☐ Life ☐ Life	Standard Standard Standard Standard Standard Standard	Probationary Probationary Probationary Probationary Probationary Probationary	□ N/A□ N/A□ N/A□ N/A□ N/A
Does the recommende	ed candidate meet the re	equirements fo	or the position?	Yes 🔀	No 🗌
Did you follow the hir	ring procedures in DC (Legal/Local)?		Yes 🔀	No 🗌
The committee recognifications. The student population.	ommends Pamela Bern e commmitte feels that Miss Bernal is well v	rd or life certing al for the posi Pamela Berna ersed in creati	ficate <u>if</u> this is ap tion based on h I will be able to	ppropriate to your er abilities and meet the needs of o	our g
		umes.		AUG 2 1 202°	
Olivia R. Garcia, A	erviewing committee! Amy Oyervides and Pri	scilla Luna		SCHOOL YEA 2025-2026	
	ADMINISTR	ATIVE REC	OMMENDAT	ION	-
"I am recommending	g this candidate for the a	bove-named po specific campu	osition. The cand		licant to meet

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

DEPARTMENT OF HUMAN RESOURCES

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EMPLOYMENT TELEPHONE REFERENCE CHECK

SECTION I General/C Applicant's Name: Pame	'ontact information to be com la Bemal	pleted by the reco	
Position Applying For: Te	eacher	Location:	Benavides Heights Elementary
Name of Organization/School	l District/Company Contacted:	Eagle Pass ISD	
Contact Person's Name:	Jose L. Negrete		
Contact Person's Job Title:	Eagle Pass High School Teac	her	
SECTION II Employm Dates of Employment - From	ent information to be comple n: February 2022	ted by the recomm To:	nending administrator. May 2024
Position/Title: Bilingua	l Instructional Aide		
Brief Description of Duties: lessons and provide feed Would you rehire this person	back to teacher.	small group instruc	tion to reinforce classroom
	· C time to be completed by	the recommending	administrator.
	· C time to be completed by	the recommending t, S = Satisfactory, U	administrator. = Unsatisfactory, or NB = No Basis to Judge
SECTION III Reference Indicate the reference's responding to the reference responding to the reference's responding to the reference responding to the refer	information to be completed by conse by checking: E = Excellen E S U NB	AREA ationship w/ co-wor ationship w/ studen ationship w/ parent iting ability ganizational ability mmunication ability nagement style ofessional judgment erall Performance	E / S / U / NB rkers/supervisor CENTELL ts
SECTION III Reference Indicate the reference's responding to the reference's responding to the responding to the responding to the reference's responding to the r	information to be completed by conse by checking: E = Excellen E S U NB	AREA ationship w/ co-wor ationship w/ studen ationship w/ parent ationship w/ parent ationship ability ganizational ability mmunication ability nagement style ofessional judgment erall Performance which would be he	E / S / U / NB rkers/supervisor_CENECO Community C
SECTION III Reference Indicate the reference's responsive AREA Attendance Punctuality Dependability Commitment Hard-working Initiative Innovative Leadership Computer/Technical skills Do you have any additional Ms. Bernal is a very responsive	information to be completed by sonse by checking: E = Excellen E / S / U / NB E / S / U / NB Rel Rel Rel Rel Corg	AREA ationship w/ co-wor ationship w/ studen ationship w/ parent iting ability ganizational ability mmunication ability nagement style ofessional judgment erall Performance which would be he to assist when need	E / S / U / NB rkers/supervisor_CE SECOMMUNITY AUG / SCHOOL SEAR OF SCHOOL SEAR OF SCHOOL SEAR OF SCHOOL SEAR OF SUpport to us in making a hiring decision?
SECTION III Reference Indicate the reference's responsive AREA Attendance Punctuality Dependability Commitment Hard-working Initiative Innovative Leadership Computer/Technical skills Do you have any additional Ms. Bernal is a very responsive	information to be completed by sonse by checking: E = Excellen E / S / U / NB E / S / U / NB Rel Rel Rel Rel Rel Rel Rel Re	AREA ationship w/ co-worationship w/ studen ationship w/ parent ationship w/ parent iting ability ganizational ability munication ability nagement style offessional judgment erall Performance which would be he to assist when need	E / S / U / NB rkers/supervisor_CE SECO ts PAYROLINDED! AUG / SUDDED! SCHOOL SEAR 2025-2 Se Connection?

DEPARTMENT OF HUMAN RESOURCES

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

EMPLOYMENT TELEPHONE REFERENCE CHECK

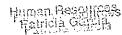
(Please check one): Certified Position Administrative Position Classified Po	sition
SECTION I General/Contact information to be completed by the recommending administrator. Applicant's Name: Pamela Bernal	
Position Applying For: Teacher Location: Benavides Heights Eleme	ntary
Name of Organization/School 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 RECEIVE	prov.
PAYROLL D	
Position/Title: Bilingual Instructional Aide	.e.g:"
Brief Description of Duties: Ms. Bernal assists students understand and complete assignments; adapting instruction to meet individual learning needs.	<u> </u>
Would you rehire this person? Yes No SCHOOL Y	= A P
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 B	¥
AREA E / S / U / NB AREA E / S Attendance Punctuality Dependability Commitment Hard-working Initiative Innovative Leadership Computer/Technical skills E / S Relationship w/ co-workers/supervisor Relationship w/ parents/community Relationship w/ parents/community Organizational ability Management style Professional judgment Overall Performance	/ U / NB
Do you have any additional comments about the applicant, which would be helpful to us in making a hiring Ms.Bernal is very organized and is able to connect with students' needs to create a positive learning environ	decision? nent.
SECTION IV Verification by the recommending administrator.	
Reference check conducted by: Olivia R. Garcia Principal (PLEASE PRINT) ADMINISTRATOR POSITION/TITLE	
July 21, 2025 SIGNATURE DATE	





Sul Ross State University

A Member of the Texas State University System



Department of Education

Phone (RGC) (830) 703-4834

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 RECEIVED
PAYROLL DEPT

AUG 2 1 2025

SCHOOL YEAR 2025-2026

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 The employing School District must maintain this form in the district's personnel office after processing is completed. Initial First Name Last Name Pamela Bernal TEA ID Number 1985278 Have you ever been the subject of an arrest that has resulted in deferred (Yes adjudication, probation or conviction? 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." 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 Test	_		Education Agency
Applicant's Affidavit continued (All applica			
"I understand that a copy of this affidavit shall ha	ive the same for	ce as the original"	
III (tall of the infor	mation which I have provid	dod on the application and
"I have reviewed this application and I affirm that the attached documents is true."	t an or the infor	nation which i have provid	ded off the application and
the attached documents is due.			
Date	Drivers Licens	e/State ID Number	
Applicant's Signature	-		
To be Completed by the Employing Sch	ool District		
Note: A Nonrenewable Permit may not be activated		the same assignment area for	or which another type of permit
has previously been activated. If the applicant	t lacks more than	successful completion of the	appropriate examination
requirement(s) (e.g. semester hour deficiencies) for			
or Temporary Classroom	Assignment Pern	nit (TCAP) for full permit cove	erage.
			C. I. I. t
Rules relating to permits may be found in the	Texas Administ	rative Code, Chapter 230	Subchapter F, Permits
Assignment Data		Property and supplied to the supplied of the s	
County/District Number	Beginning da	te of teaching duties for t	his permit assignment
159901	V. STATE OF THE ST		
		Grades Taught	Grades Taught
Description of Assignment		Low	High
		0.1	00
Elementary Self Contained		01	06
			RECEIVED
			'ROLL DEFT
		A	In it is area
		A. C.	JG / 1 2025
		SCH	HOOL YEAR
Superintendent's Affidavit			
"I have been unsuccessful in efforts to employ a	fully certified a	nd qualified individual for	the assignment specified in
this permit request. The individual named above	e is the best au	alified teacher available for	the assignment. I verify that
the applicant's certification or eligibility for certi	ification is appr	opriate for the level and su	bject area(s) of assignment
indicated above. I have advised the applicant th	iat no renewal c	of this permit is available ar	nd that continued
employment is contingent on successful perform	mance on the a	opropriate examinations(s) prior to the expiration of this
permit."			
Name of Superintendent or Authorized Repre	esentative	Date	
Traine of Superintendent of Authorized hepre			
Signature of Superintendent or Authorized Re	epresentative		

			Year: C	Frequency: 5	Chang
		<u></u>	lear. C		
Employee: 008909 : BERNAL, PAMELA					
Pay Status: 2 Inactive Pay Campus: 900 INACTIVE Pay Dept: Dock Rate: 17.660	Tax Exempt: Unemployme FICA Eligibili W4 Marital S Nbr of Exem	ent Elig: M Subject to medicare Status: Single ptions: 0	W-4 Withholding Cer 1: Filing Status: 2: Multi-Jobs: 3: Children under 17 3: Other Dependent: 3: Other Exemptions 4a: Other Income:	S Single or Married filing se	aparately 🔻
TRS Status: 1 Eligible Begin Date: 01-05-2022	FSP Staff Salary Data Health Ins Code: Y Eligible participa 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	O O	0.00	
Extra Duty Pay Delete Remain Amt Remain Pymts No Rows					
Bank Info Delete			▼ □ □ 0.00		

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Year: C

Frequency: 5

Change

Employee: 008909 : BERNAL, PAMELA

 Delete
 Details
 Job Code
 Extra Duty
 Account Type
 Account Code
 Amount
 Percent

 003I - INSTRUCTIONAL AIDE
 G
 166-11-6129.00-111-625000
 24,241.00
 100.000%

 Total:
 24,241.00
 100.000%

Job Code: 80 Base Salary Activity Code: Extra Duty Code: TRS Grant Code: G Standard gross pay Account Type: Worker's Comp Code: CLASS C- PROFESSIONA 166-11-6129.00-111-625000 Account Code: SALARIES/WAGES-SUPPORT PERS Y Account used in ASB distr Expense 373: 24,241.00 out of 24,241.00 Employer Contribution: Amount Percent: 100.000% Performance Pay:

EP000010067.

Change

Frequency: 5 Year: C

Employee: 008909: BERNAL, PAMELA

Leave Type Delete

03 - LOCAL SICK LEAVE 08 - STATE PERSONAL LEAVE

0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000

EP000010067 -

			Year: C	Frequency: 5	Change
ployee: 008909 : BERNAL, PAMELA					
	Tax Exempt:		W-4 Withholding Certif	icate S Single or Married filing separately	→
Pay Status: 1 Active	Unemployment Elig: 🗸		1: Filing Status:		
Pay Campus: 111 BENAVIDES ELEMENTARY 🕶		ct to medicare	2: Multi-Jobs:		
Pay Dept:	50.00 See 10 10 10 10 10 10 10 10 10 10 10 10 10		3: Children under 17:	_1	
Dock Rate: 321.390	W4 Marital Status: Single		3: Other Dependents:		
	Nbr of Exemptions: 0		3: Other Exemptions:	0.00	
	IRS Lock-In Letter:		4a: Other Income:	0.00	
			4b: Other Deductions:	0.00	
RS FSP Staff Salary	Data To	otals			
Status: 1 Eligible Health Ins Code:		tate Min. Salary:34,653.00 xtra Duty: 0.00			
Segin Date: 01-05-2022 FSP Staff Data C	ode: F Full-Time	ontract Amt: 60,100.00 contract Balance:47,244.33			
04-04-2022	C	ontract Balance:47,244.55			
extra Duty Pay					
Delete Remain Amt Remain Pymts					
No Rows					
Bank Info					
Delete					
Delete 815 - IBC-COMMERCE BANK - EAGLE PASS,TX		2 Checking account V	0.00		
815 - IBC-COMMERCE BANK - EAGLE PASS, IX					

Save successful

The second of the

EP000010067

Year: C

Frequency: 5

Change

Emplayee: 008909 : BERNAL, PAMELA
Delete Selected Contracted employee 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: 7.500 Incr
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: TRS Year: TRS Member Pos: 02 Teacher, librarian Wholly Sep Amt: 0.00 X # of days 147 Retiree Exception: Empld
Calendar/Local Info Calendar Cd: 04 - 187 DAYS Begin Date: 09-29-2025 End Date: 05-22-2026 # of Days Empld: 147 Years Job Exp: 0 Local Contract Days: 147
WC Code: C CLASS C- PROFESSIONA 0.004500 ✓ WC Ann Pymts: 24 WC Remain: 21
Accrual Info

State of the second

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EP000010067.

Change

Year: C

Employee: 008909 : BERNAL, PAMELA

			Extra Outv	Account Type	Account Code	Amount	Percent	
Delete	Details	Job Code 0029 - ELEM TEACHER		G		00,200.	100.000% 100.000%	
Rows: 1 o	 fl							

Job Code:		_ ,	80 Base Salary	~
Extra Duty Code:		Activity Code:	80 Baze 2stark	
		TRS Grant Code:		
Account Type:	G Standard gross pay	Worker's Comp Code:	CLASS C- PROFESSIONA	
Account Code:	199-11-6119.00-111-611000 SALARIES/WAGES TEACHERS & O	Expense 373:	Y Account used in ASB distr	~
		,		
Amount	60,100.00 out of 60,100.00	Employer Contribution:		
Percent:	100.000%	Performance Pay:		

Teach to Cape at March 1999

= A	Maintenance >	Staff	Job/Pay	Data

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∨ Payroll 🖺

#

EP000010067

Change

Frequency: 5

Year: C Frequen

Employee: 008909 : BERNAL, PAMELA

Delete Leave Type

03 - LOCAL SICK LEAVE

08 - STATE PERSONAL LEAVE

0.000 4.000 0.000

0.000 4.000 0.000 4.0

4,000

Save successful

The same of the same

imary: ginal Emp Date: 03-26-2013 dress: 747 AVENUE B y Dist: 159-901 e Run: 108-30-2024 12:06 PM ade: imated Annual Salary: icant: hed: Multi-Job: N W4 Nbr Children Under 17: 1 of Days Empld: ep: ype ally Rate: ay Rate: nnual Salary: 36-11-6129.00-111-525000 Other Income: \$.00 03 LOCALLY Description PAMELA BERNAL EAGLE PASS TX 78852-0000 < INSTRUCTIONAL AIDE INSTRUCTIONAL AIDE INSTRUCTIONAL AIDE Account Code Assigned: 100.00% Begin Date: Beg Bal Earned \$22,030.00 **V** \$120.383 \$917.92 O 183 Wholly Sep Amt: 75.000 Contract Balance: Contract Amount: End Date: Local Contract Days: Used End Bai \$22,030.00 V 100.000% 0 SSN: DOB: 75.000 Emp Nbr. Latest Re-Emp Date: Degree: W4 Other Deductions: \$.00 W4 Nbr Other Dependents: 0 Retirement Date: OT Elig: State Min Salary: OT Rate: Pércent 08-09-2024# Months in Contract: Employee Salary Information 05-23-2025# pays in Contract: \$22,030.00# of Annual Pymts: \$22,030.00 Remaining Pymts: 008909 1 - Bachelor's **Budget Information** \$0.00 Salary Calculation Job Information Eagle Pass ISD Leave Information 183 Hourly Rate: Activity 80 Type Description 11-29-2021 08 STATE PR TRS Grant \$24.08 Yrs Experience Total: Yrs Experience District: \$0,00 Yrs Prof Exper Total: Yrs Prof Exper District. W4 Other Exemptions: \$.00 Work Email: pbernal@eaglepassisd.net Extract ID: Creditable Year of Service: Beg Bal Earned 24 WC/Code: \$16.05 Wkly Hrs Sched: Exp 373 Yrs in Career Ladder: State Step: 24 FICA/Éligibility: 10 TRS Status: 0 TRS Position: Payoff Date: 0 37.500 Acct Type 6 PR2 Used Page: 1 of Program: HRS1650 05 Pay Campus: 05 Frequency: Extra Duty Cd Perform Pay O M - Subject to medicare 03 - Support staff 1 - Eligible 08-28-2025 絽 W4 Filing Status: Primary Campus: End Bal 37,500 0 8 11 5 그

(C)

Employee Signature

Date

<u>ک</u>و

2024-2025

2024-2025 MASTER RECORD

NAME:	PAN	1ELA BERNAL	ID:	8909
POSITION:	l	NSTAIDE	NUMBER OF DAYS:	183
CAMPUS:		111	HRS. P/DAY:	7,5
			Only required fo	r 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		Reg ,
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 PG Min:	\$ 16.00
24-25 OT RATE:	\$ \$	24.08	If below minimur	n, requires salary adj.
24-25 PAY RATE:	\$	917.92		
	Verified By			Date
	Verified By			Date

ate Run: 04-04-2024 8:28 AM

Employee Salary Information Eagle Pass ISD

Page: 1 of

Program: HRS1650 1

ame: PAMELA BERNAL ddress: 747 AVENUE B

Emp Nbr: 008909

SSN:

Yrs Experience District:

nty Dist: 159-901

Yrs Experience Total:

04 Frequency:

EAGLÈ PASS, TX 78852-0000

111

5

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hone:

DOB: 1 - Bachelor's

04 Pay Campus:

Yrs Prof Exper District:

Primary Campus: 111

(830)

Degree: Latest Re-Emp Date:

Retirement Date:

Yrs Prof Exper Total:

riginal Emp Date:

03-26-2013

11-29-2021 Creditable Year of Service: W4 Filing Status:

stimated Annual Salary:

\$0.00

/4 Multi-Job: N W4 Nbr Children Under 17: 1

PR2 Extract ID:

Work Email: pbemal@eaglepassisd.net

/4 Other Income: \$.00

W4 Nbr Other Dependents:

W4 Other Deductions:

W4 Other Exemptions:

Job Information

08-29-2024

'rimary: Y

ob:

Assigned: 100.00% Begin Date:

INSTRUCTIONAL AIDE

08-10-2023# Months in Contract:

Payoff Date: 10 TRS Status:

1 - Eligible

}rade: 031 End Date:

05-24-2024# Days in Contract:

O TRS Position:

03 - Support staff

itep: iched: **Contract Amount:**

\$21,179.00# of Annual Pymts: \$7,942.10 Remaining Pymts:

24 FICA Eligibility: 9 WC Code:

M - Subject to medicare

/acant:

Contract Balance: **Local Contract Days:**

183 Hourly Rate:

С

of Days Empld:

\$15.43 Wkly Hrs Sched:

38

66-11-6129.00-111-425000

183 Wholly Sep Amt:

\$0.00

Budget Information

80

Salary Calculation

INSTRUCTIONAL AIDE

\$21,179.00

Percent

TRS Grant

Exp 373 **Acct Type**

Extra Duty Cd Perform Pay

ob:

lob:

Account Code Amount

Activity 100.000%

G

Innual Salary:

INSTRUCTIONAL AIDE

State Min Salary:

0

0

\$0.00

State Step:

00

'ay Rate:

\$21,179.00 \$882.46

OT Elig:

Υ

Yrs in Career Ladder:

8-16-24

0

)ally Rate:

\$115.732

OT Rate:

\$23.15

Leave Information

Description. ľvpe 01 DOCK

STATE PR

Beg Bal Earned Used End Bal 0 0 0 0 37.500 37.500

Type Description

03 LOCALLV

Beg Bal Earned 75.000 9.750

Used 84,750

End Bai

0

Date

Employee Signature

			III AUU	USTMENT		8909	
mployee Name:		Pamela Bernal			ID:		
ay Period:		5/29/2025		Campus: _		111	
osition:	In	structional Aide			Job Code:	0031	
ccount:	166-11-	6129.00-111-52	5000	-	100%		
AND		REASON	FOR ADJ	USTMENT			
New Employee:		Special Ed:		Chairperson:			
Coaching Stipend:		Master's:		Promotion:			
Reassignment:				cer's Comp on 5/			021
FICA Eligibility	М			Pay Type:			
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: \$			8/28/2025	Wkl Hrs.Schd:	37.5	TRS Member Pos:	03
Calendar Code:					ys Based on:		
Contract Begin Date:				Contra	ct End Date:	5/1/20)25
			•		rs employed:		
Effective Date:			mar varjas ir ir radios sa		=	¢	_
	+	\$ - Extra Amount	. +	Extra Amount	-	Total Contrac	t Amount
Contract Amount			or the same of the same of	120.38	The second se	\$	20,103.46
167 No. of Days to w	ork	. X	\$ Da	ily Rate	-	Total Contra	
-				Account	;		
Description of Extra:				_		\$	_
		_ X			****		
Description of Extra:							
				Total Adj. Cont	ract Amount:	\$	20,103.4
\$ 917.92	Х	17	9/12/	24-5/15/25	=	\$	15,604.6
\$ 917.92 Pay Rate	^	Payments		rom- To	-	Contrac	t Paid
•	x				***		
Pay Rate	^	Payments	F	rom- To	_	Contrac	t Paid
Description:				Account			
-				Total C	ontract Paid:	\$	15,604.6
\$ 4,498.82		7	5/29/2025	8/28/2025		\$	642.6
Contract Balance	No. of	Payments	From	То		Semi Monthl	y Payments
Marital Status:		Single/Married		Married Jointly		Head of Housel	nold
Children under 17:		Other Dep	1.	 Additional	Withholding	: \$	••
Children under 17.		J 201101 2 34		_			
Bank Account No	ımber	_	Bank R	outing Number			Bank Coo
Dank Account 14							
Note:	Received W	C payment from					
1 (0 1	1		111	Ci	3.25	A PAR	V ZIB7.
MACI (OUL) AND E	(1131)h		\ \.\	10 mag -31	グレン	((, , , -	

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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: - -,

<u>Add:</u> - -,

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 %

Approved By Step Form Submitted Create Req # Organization Approval Organization Approval DSC Approval	Name Gabriela M. Thatcher Workflow Olivia R. Garcia Diana D. Brown Jaime H. Gonzalez John Cox Laura Iruegas Jesus A. Costilla Tohui L. Valero Gaby Vandermaal Ismael Mijares	_work ogard EPISI jgonz jcox@ EPIS EPIS EPIS	her@eaglepassisd.net	Date 09/29/2025 1 09/29/2025 1 09/29/2025 1 09/29/2025 1 10/13/2025 1 10/13/2025 1 10/17/2025 1 10/20/2025 1 10/20/2025 1	11:30 AM 11:33 AM 11:36 AM 11:34 AM 12:28 PM 04:28 PM 08:21 AM 09:24 AM 10:02 AM
Verified b	y Human Resources			Verified by Payroll	יל מו מו
1.	. Da	te:	1 Ang kala	ma ajeaas	Date: 10122125
2.	Da	te:	2.	Name	Date: 0
XC.	D	ate:	xc. 51	24127 22	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 806-252-7031

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

Texas Workers' Compensation Work Status Report

Texa	s Workers' Compensation v		
GENERAL INFORMATION	Date Sent (for tre	ansmission purposes on	(y):
njured Employee's Name	5a. Doctor's/Delegating Doctor's Nam	e and Degree 5b. P	A LAKM Matte (it combleand roun)
amela Rernal	Geoffrey Glebus,DO	ì	
Date of Injury 3. Social Security Num	ber (last 6. Facility Name	9, Er	mployer's Name GLE PASS ISD
-1-25 four) XXX-XX-	Sports Medicine Associates		Employer's Fax Number or Email Address (if
Employee's Description of Injury/Accid	ent 7. Facility/Doctor Phone and Fax Nu P: 210-699-8326 F: 210-783-		
atient fell off ladder	8. Facility/Doctor Address (Street, City,	State 7IP Code) 11.1	Insurance Carrier
light knee	· · · · · · · · · · · · · · · · · · ·	TR	RISTAR Risk Management
agrit kiloo	21 Spurs Lane Ste 300	12.	Carrier's Fax Number or Email Address (if
	TY 7	'8240 kno	^{wn)} 210 404-0429
	1 San Antonio 10 1		
WORK STATUS INFORMAT	ION (Fully complete one box including est	timated dates, and	a description in 13c, it applicable)
	lition rectiffing from the workers compensus.		
The state of the second of the	work as of 4 / 24 / 25 without rest	trictions; UR	•
(3) will allow the employee to return to	work as of/ with the res	strictions Identified i	in PART III, which are expected to last through
b) will allow the employee to return to t	vork as of with the res	<u> </u>	
; OR			
	loyee from returning to work as of	and is expe	ected to continue through//
\square c) has prevented and still prevents the emp	loyee from returning to work as of		
he following describes how this injury pre	vents the employee from returning to work:		
II. ACTIVITY RESTRICTIONS	(Only complete if box 13b is checked)		19, Misc. Restrictions (if any):
4 Posture Restrictions (if any):	17. Motion Restrictions (if any): Max hours per day 0 2 4 6 8	Other:	Max hours per day of work:
Max hours per day 0 2 4 6 8 Other:	Walking DDDD		Sit/stretch breaks ofper
	Climbing stairs/ladders		Must wear splint/cast at work
Sitting LLLL Kneeling/squatting DDDD	Grasping/squeezing		Must use crutches at all times No driving/operating heavy equipment
Bending/stooping	Wrist flexion/extension		Can only drive automatic transmission
Pushing/pulling	Reaching DDDD		No skin contact with:
Twisting	Overhead reaching DDDDD		No running
Other:	Keyboarding		Dressing changes necessary at work
15. Restrictions Specific To (if applicab	e): Other:	4	
Left hand/wrist Left leg	18. Lift/Carry Restrictions (if any):		No work / hours/day work:
Right hand/wrist Right leg	May not lift/carry objects more that	an lbs, for more	in extreme hot/cold environments
Right arm Left foot/ar	ikle than hours per day.		at heights or on scaffolding
Neck Right foot/	May not perform any lifting/carrying	ng.	Must keep
Other;	Other:		elevated clean & dry
			20. Medication Restrictions (if any):
16. Other Restrictions (if any)			Must take prescription medication(s)
***			Advised to take over-the-counter meds
1			Medication may make drowsy (possible
·			safety/driving issues)
	APPOINTMENT INFORMATION		
VETREATWENT/FORLOW-UP	2. Expected Follow-up Services Include:		
21. Work Injury Diagnosis 2 Information:	Evaluation by the treating doctor on/		;a.m./p.m.
	Referral to/consult with	on	
RACL tear	Physical medicine X per week for	_ weeks starting on _	ata.m./p.m.
	To the diam Works	on	at;a.m./p.m
	The This is the last echadulad visit for this o	roblem. At this time, r	no further medical care is anticipated.
Date /Time of Visit: Employee's Sig	inature Visit Type:	Role of Health Cale	e Practitioner: ☐ Consulting doctor ☐ Designated doctor
9125/25		☐ Treating doctor ☐ Referral doctor	Cansuling doctor Designated doctor Other doctor
Discharge Time: Health Care Practi	tioner's Signature / License # 🄀 Follow-up	RME doctor	APRN
		A 1918 11818 1818 1811	
-			

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 EN	NPLOYER
REVISED [O: Pamela Bern	al	EM	PLOYEE ID: 8909
FROM: Jesus A. Cos Executive Di	stillar rectorer Human Re		MPUS/DEPT: Benavides Elem.
DATE: September 8	3, 2025	PO	SITION: Instructional Aide
On 9/5/2025, we receiv	ed the most recent infor	mation to suppor	t γour need for leave due to:
□The birth of a child, o or newly-placed child	r placement of a child wi	th you for adoption	on or foster care, and to bond with the newborn
	alth condition		
☐The serious health co	ondition of your spouse,	child, or parent	
been notified of an imp	ending call or order to co	overed active duty	hild, or parent is on covered active duty or has status with the Armed Forces
parent, or next of kin (/	Military Caregiver Leave)		ou are the service member's spouse, child,
documentation provid	ed and decided that you	r FMLA leave req	nder the FMLA along with any supporting uest is:
⊠Approved. All leave information.	taken for this reason will	be designated as	FMLA leave. Go to Section III for more
□Not Approved.			
	apply to your leave requ		
☐ As of the date the le	eave is to start, you do no	it have any FMLA	leave available to use.
☐Other Additional in	<u>formation</u>		
Additional informatio the specific informatio go to Section III.)	n is needed to determine n needed. If your FMLA l	e if your leave request is ap	uest qualifies as FMLA leave. (Go to Section II for proved and no additional information is needed,
			RMATION NEEDED
obtain the additional i be designated as FML the additional inform	information requested, w A leave and count toward ation as requested may	e will inform you ds the amount of result in a denial	re request qualifies under the FMLA. Once we within 5 business days if your leave will or will not FMLA leave you have available. Failure to provide of your FMLA leave request.
If you have any questi	ions, please contact: <u>Lau</u>	a Iruegas, Humar	n Resources Officer at (830) 773-5181, ext.72706
xc: Supervisor	Payroll Dept	Benefits Dept.	Risk Management Dept. (If WC related)

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
incomplete (OT.	1020Hiciant carmination

xc: Supervisor

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 at 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 applicable 12-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.

Benefits Dept.

Payroll 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 \boxtimes is / \square 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 <u>Authority to Report to Work</u>

Right A

Name:	Pamela Bernal	ID: 8909	Work Days: 189
	Benavide	• •	Instructional Alde
Campus/Dept.	· · · · · · · · · · · · · · · · · · ·		09/29/2025
Pay Grade:	031	Effective Date:	00:2012
Please check of Return from Other:	FMLA Return from	,	Return from Workers Comp.*
*Workers Comp red	julies the approval of the Benefits &	Risk Management Direct	or.
Authority to R Are there restrict Ye	eport to Work: lons: s, Must complete section be	alow V No.	, May return to work
If Yes, are there	restrictions to the employee's	Essential	
(Must attach Job D	escription to indicate restrictions) , May <u>not</u> return to work	Yes, May return to (based on revised jo as recommended by	b descript(on
Approvals:	•,		
COOM	ua truas	.	10/01/25
	Human Resources Officer (Required)		10/1/25
Exec	cutive Director for Human Resi	ources	10/8/25
Deputy S	Supt./Executive Director/Direct	or/Principal	10 9.25
4. Be	Inefits & Risk Management Dir Required: Workers Compensation)	ector	Date
5. Deputy Su	pt. for Business & Finance of (case-by-case basis)	Designee	Dâte

ATTENTION SUPERVISORS:

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

PAYROLL DEPARTMENT EMPLOYEE CHECKLIST FORM

EMPLO'	YEE NAME: BO	ernal, Pamela	ID: _	8909	
NEW EN	MPLOYEE		CURRENT EN	MPLOYEE	\checkmark
FULL TI	ME IME W/BEN.			NTAL/PROMOTION	
	·		RESIGNATIO		
PART T				MY LIMM.	
SUBSTI	TUTE		LEAVE	ON THE	√
<u>NEW E</u>	MPLOYEE ONL	Y	YES	ON FILE	<u>N/A</u>
1.	DIRECT DEPO	SIT FORM		P****	
2.	W-4 FORM				
3.	KRONOS ENR (Hourly Only)				
4.		RITY STATEMENT FORM Part Time with Benefits Only			
CURRE	NT EMPLOYEE	ONLY	YES	NO INITI	AL/DATE
5.	SUPT/BOARE) AGENDA	\checkmark	Anner .	
6.	F-230 REQ.	#:			
	DATE:	CONTACT:		INITIAL:	
	DATE:	CONTACT:		INITIAL:	
	DATE:	CONTACT:		INITIAL:	
	DATE:	CONTACT:	And the second s	INITIAL:	
	DATE:	CONTACT:		INITIAL:	
	NOTE: 1) Must advi 2) Must advi	ise Payroll Director if F-230 in in ise Bus. & Finance Director if F-2	box more than 230 in inbox mo	two (2) consecutiv	e days. onsecutive days.
	DATE:	CONTACT:	A A A A A A A A A A A A A A A A A A A	INITIAL:	
	DATE:	CONTACT:		INITIAL:	

Eagle Pass Independent School District RECEIVED MAY 0.5 2025

Benefits/Risk Management Department

587 Madison St., Eagle Pass, Texas 78852

Phone: 830-773-5181 Ext 72633

Fax: #BODSNIESFITS DEPT

WORKERS	COMPENSATION ACCRUED LEAVE USE REP	
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 Cooweekly amount of the value of any full days of elected to use after the date of injury; the valuemployee has elected to voluntarily elected to Temporary Income Benefits (TIBs), exceed the This form must be completed by an employee who seven (7) days of lost time and applies only if the e	accrued sick leave or accrued annual lead ue of any partial days of accrued sick leav of use after the date of injury that, when of Average Weekly Wage (AWW). It is absent from duty because of a job-related	eve that the employee has voluntarily by or acrrued annual leave that the combined with the employee's dillness or injury and has had more than
	Accrued Leave Use Option	
If an employee who is eligible for worker's co	ompensation has <i>more</i> than fourteen (14	4) days of lost time and <u>elects to use</u>
accrued leave the following applies:		
1. Worker's Compensation Benefits are paid at 7 employee earns less than \$10.00 per hour and 2. Accrued Leave used is paid at 30% or 25% de 3. Benefits paid out to an employee may not exif an employee who is eligible for worker's concurred leave the following applies: 1. Worker's Compensation Benefits beginning of 75% for the first 26 weeks if the employee earn 2. Accrued Leave used is paid at 100% for the first 3. Benefits paid out to an employee may not expressed in the second	70% thereafter, up to the state maximum of pending on the hourly wage. ceed 100% of pre-injury wages. compensation has less than fourteen (14) on the eight (8th) day are paid at 70% if an ers less than \$10.00 per hour and 70% therea irst even days and 30% or 25% depending or	days of lost time and elects to use oppose earns \$10.00 or more per hour and fter, therefore;
 7. Accrued Leave Use Option: Yes, I elect to use accrued leave. No, I do not elect to use accrued leave. By selecting this option, the employee elects to I am not entitled to accrued leave. By selecting this option, the employee elects to 		Ending:
By signing below I understand the following if I choose to use acccrued leave, it is my rest within two (2) days of my first day of absence use any accrued leave. Workers' compensation wage benefits shall be more than 14 days of lost time. I also grant authorization to the Eagle Pass Ir benefits when these exceed 100% of my pre-	consibility to submit this form to the Ben e. If this form is not submitted to the app pegin on the 8th day of lost time or on the adependent School District to deduct from	nefits/Risk Management Department or operation or or operate department the District will not need to be a set of lost time if the employee has
1. July 05/05/25	Benefits/Risk Manageme	5 · 5 · 25
Signature of Employee Date	венентѕ/тоѕк іманадете	ut nehi escurative pare
xc: Employee Payroll Department	WC Third Party Administrator	

EP000010916 Maintenance > Staff Job/Pay Data Change Frequency: 5 Year: C Employee: 008909 : BERNAL, PAMELA 5 W-4 Withholding Certificate Tax Exempt: S Single or Married filing separately 1: Filing Status: 1 Active Pay Status: Unemployment Elig: 🗸 2: Multi-Jobs: Pay Campus: 111 BENAVIDES ELEMENTARY 🕶 0 M Subject to medicare FICA Eligibility: 3: Children under 17: Pay Dept: 12 W4 Marital Status: Single 3: Other Dependents: Dock Rate: 16.050 8 Nbr of Exemptions: 0 0.00 3: Other Exemptions: IRS Lock-In Letter: 4a: Other Income: 0.00 0.00 4b: Other Deductions: Totals FSP Staff Salary Data TRS 0.00 State Min. Salary: Health Ins Code: Y Eligible participating I > 1 Eligible 0.00 Status: Extra Duty: FSP Staff Data Code F Full-Time Contract Amt: 22,030.00 Begin Date: 01-05-2022 Contract Balance: 6,425.36 04-04-2022 Extra Duty Pay Remain Amt Remain Pymts Delete No Rows Bank Info Delete 0.00 2 Checking account 🗸 815 - IBC-COMMERCE BANK - EAGLE PASS,TX Help (?) © 2020 Texas Computer Cooperative Session Timer: 239 min and 58 sec

12

Year: C	Frequency: 5	Change
Employee: 008909: BERNAL, PAMELA		
Delete Selected Non-contracted emp Primary Campus: 111 BENAVIDES ELEMENTARY		
Rows: 1 of 1		
Contract Info Pay Type: 2 Non-contracted emp Pay Grade: 031 Pay Step: Sched Max Days: Hrs Per Day: 7.500 Incr Pay Step	p: 🗸	
Pay Type: 2 Non-contracted emp Pay Grade: 031 Pay Step. Stell 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 Pay Rate: 917.92 = Contract Total: 22,030.00 / # Annual Pymts: 24 Payoff Date: 08-28-2025 Wkly F Reg Hrs Worked: 0.00 OVTM Elig: ✓ OVTM Rate: 24.08 Hrly Rate: 16.05 Exempt Status: EEOC: 13 Teacher	Hrs Sched: 38	
State Info State Step: O0 Yrs in Career Ladder: TRS Year: TRS Member Pos: O3 Support staff Wholly Sep Amt State Min O.00 = Foundation Daily Rate: TRS Member Pos: O3 Support staff Wholly Sep Amt Assigned: TRS Member Pos: O3 Support staff Wholly Sep Amt TRS Member Pos: O3 Support staff Wholly Sep Amt Assigned: TRS Member Pos: O3 Support staff Wholly Sep Amt Employed Amt Exception:	0.00	
Calendar/Local Info Calendar Cd: 02 - 183 DAYS Begin Date: 08-09-2024 End Date: 05-23-2025 # of Days Empld: 183 Excl Years Job Exp: 0 Local Contract Days: 183	lude Days for TEA:	
Workers¹ Comp Info WC Code: C CLASS C- PROFESSIONA 0.004500 ▼ WC Ann Pymts: 24 WC Remain: 7		
Accrual info Code:		

Frequency: 5

Change

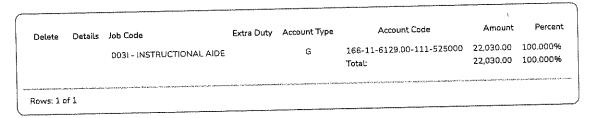
Employee: 008909 : BERNAL, PAMELA

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[12]

B



Job Code: Extra Duty Code:

G Standard gross pay Account Type:

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

SALARIES/WAGES-SUPPORT PERS

Amount:

22,030.00 out of 22,030.00

Percent:

HRS3100 County/District: 159901

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:

Session Timer: 239 min and 58 sec

Delete

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Year: C	Frequency: 5)	Change
	and the second of the second o		

Employee: 008909 : BERNAL, PAMELA

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022 - IMAGINE360	0.00	472.00 99	
D77 - NEW YORK DISABILITY D78 - NEW YORK LIFE INS.	29.76	0.00 99	
079 - NEW YORK LIFE, NON-CAFETERIA	4.50	0.00 99	
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~	Payroll	==

EP000010916

						(,,,	Y	ear: C	Frequency: 5) [Change
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							······································)			
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				
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Pay Type: 2 Non-contracted emp Pay Grade: 031 Pay Step: Sched Max Days: Hrs Per Day: 7.500 Incr Pay Step: 7.500 In	Maintenance > Staπ Joo/Pay Data	Year: C	Frequency: 5	Change
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Noi-contracted emp		•		
Contract Info Pay Type: [2 Non-contracted emp	Non-contracted emp	SI EMENITARY		
Contract Info				
Pay Type: 2 Non-contracted emp Pay Grade: C31 Pay Step: Sched Max Days: Hts Par Day: 7,500 Incr Pay Step: 7 Total: 22,030,000 Belance: 4,498.87 # of Annual Pymits: 24 Remaining Pymits: 7 Concept Use midpoint table # of Months in Contract 1D State Min Days: 000 TRS - Non-contract Total: 22,030,000 / # of Days Empld: 187,785.00 Daily Rates: 120,383 = Contract Total: 22,030,000 / # of Days Empld: 187,785.00 Daily Rate: 642.68 = Contract Total: 22,030,000 / # Annual Pymits: 24 Payoff Date: (88-28-30.25) Wikly Hrs Sched: 38 Reg Hrs Worked: 0,000 OVTM Elig: 7 OVTM Rate: 24,000 Hrfly Rate: 18,000 Evernst Status: EEOC: 33 Teacher aides Pymits State Info State Info State Step: 00 Yrs In Career Ladder: TRS Member Pos: 03 Support staff Wholly Sep Amr. 0,000 State Step: 00 Yrs In Career Ladder: TRS Member Pos: 03 Support staff Wholly Sep Amr. 0,000 Calendar Cd: 02 - 183 DAYS Begin Date: 08-09-2024 End Date: 05-01-2025 # of Days Empld: 187 Vears Inb Exp: 0 Local Contract Days: 167 Workers' Comp Info WC Code: CCLASS C- PROFESSIONA 0,004500 WC Ann Pymits: 24 WC Remain: 7 Accrual Info	Rows: 1 of 1	\triangleright		
State Stap: 00 Yrs in Career Ladder: TRS Member Pos: 03 Support staff Wholly Sep Amt. 0.00 State Min 0.00 = Foundation Daily Rate: 183.934 X % 4ssigned: 100% X # of days 167 Retiree Empld 167 Exception: TRS Member Pos: 03 Support staff Wholly Sep Amt. 0.00 Calendar/Local Info Catendar/Local Info Catendar Cd: 02 - 183 DAYS Begin Date: 08-09-2024 End Date: 08-01-2025 # of Days Empld: 167 Exclude Days for TEA: 167 Workers' Comp Info WC Code: C CLASS C- PROFESSIONA 0.004500 V WC Ann Pymts: 24 WC Remain: 7	Pay Type: 2 Non-contracted emp ▼ Pay Grade. (0.31 ▼) 10,9 sep. Total: 22,030.00 Balance: 4,498.82 # of Annual Pymts: 24 Remaining Pymts: 7 # of Months in Contract: 10 State Min Days: 000 TRS - Non contract ▼ Base Annual: 23,79 Daily Rate: 120.383 = Contract Total: 22,030.00 / # Annual Pymts: 24 Pay Rate: 642.69 = Contract Total: 22,030.00 / # Annual Pymts: 24	Concept: Use midpoint table 77.50 # Days Off: 0.0 Vacant Job: Payoff Date: 08-28-2025 Wkly Hrs Sched:	38	
Calendar Cd: 02 - 183 DAYS Begin Date: 08-09-2024 End Date: 05-01-2025 # of Days Empld: 167 Years Job Exp: 0 Local Contract Days: 167 Workers' Comp Info WC Code: C CLASS C- PROFESSIONA 0.004500 V WC Ann Pymts: 24 WC Remain: 7 Accrual Info	State Step: 00 Yrs in Career Ladder: TRS Year: TRS Member Pos: 03 Support staff State Min 0.00 = Foundation 183.934 X % Assigned:	X # of days 167 Retiree	▼	
WC Code: C CLASS C- PROFESSIONA 0.004500 ♥ WC Ann Pymts: 24 WC Remain: 7 Accrual Info	Calendar Cd: 02 - 183 DAYS Begin Date: 08-09-2024 End Date: 05-01-2025	# of Days Empld: 167 Exclude Days fo	rTEA:	
Accrual Info				
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Accrual Info

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facant: štep. irade: ате. 4 Multi-Job: N stimated Annual Salary: riginal Emp Date: 03-26-2013 nty Digit: 159-901 14 Other Income: \$.00 ddress: 747 AVENUE B aie Run: \08-29-2023 12:32 PM Type Description Taily Rate: ay Rate: \nnual Salary: 66-11-6129.00-111-425000 🗸 ched: nmary: of Days Empld: 03 LOCAL LV 吕 (830)≺ EAGLE PASS, TX 78852-0000 PAMELA BERNAL INSTRUCTIONAL AIDE INSTRUCTIONAL AIDE INSTRUCTIONAL AIDE Account Code Assigned: 100.00% Begin Date: W4 Nbr Children Under 17: 1 Beg Bal Earned 9.750 75.000 \$21,179.00 \$115.732 💊 \$882.46**V** V 183 Wholly Sep Amt: Local Contract Days: Contract Amount: End Date: Contract Balance: Used Amount \$21,179.00 ¥ 0 End Bal 84,750 SSN: Emp Nbr: DOB: W4 Nbr Other Dependents: 0 Retirement Date: Latest Re-Emp Date: Degree: W4 Other Deductions: \$.00 OT Elig: OT Rate: State Min Salary: √ 08-10-2023# Months in Contract: 100.000% ercent. /\$21,1/9.00 Remaining Pymts: 05-24-2024# Days in Contract: \$21,179.00# of Annual Pymts: **Employee Salary Information** 008909 1 - Bachelor's **Budget Information** Salary Calculation \$0.00 Leave Information Job Information 183 Hourly Rate: Eagle Pass ISD Activity 80 Type Description 08 STATEPR 11-29-2021 TRS Grant V \$23.15 \$0.00 Creditable Year of Service: Yrs Prof Exper Total: Yrs Experience Total: Yrs Prof Exper District: Yrs Experience District: W4 Other Exemptions: Work Email: pbernal@eaglepassisd.net Extract ID: Beg Bal Earned **√**\$15.43 Wkly Hrs Sched: V 0 TRS Position: V 24 FICA Eligibility: Exp 373 10 TRS Status: 24 WC Code: State Step: Yrs in Career Ladder: Payoff Date: O 37.500 Acct Type \$.00 04 Pay Campus: 78 Used 04 Frequency: Page: 1 of Program: HRS1650 Extra Duty Cd Perform Pay M - Subject to medicare 03 - Support staff 1-Eligible 08-29-2024 😾 0 End Bal Primary Campus: W4 Filing Status: - 8 s ± 3 U

Employee Signature

Date

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023-202

3nty Dist.* 159-901)ate Run: 05-16-2023 1:00 PM Job: N4 Other Income: \$.00 N4 Multi-Job: N Estimated Annual Salary: ນriginal Emp Date: 03-26-2013 \ddress: lame: Sched: Primary: Y Vacant: Job: Grade: Job; # of Days Empld: Daily Rate: Pay Rate: Annual Salary: 166-11-6129.00-111-325000 Type Description Employee Signature 03 LOCALLY PAMELA BERNAL 엺 (830) 747 AVENUE B EAGLE PASS, TX 78852-0000 INSTRUCTIONAL AIDE INSTRUCTIONAL AIDE INSTRUCTIONAL AIDE Account Code Assigned: 100.00% Begin Date: Q W4 Nbr Children Under 17: 1 Beg Bal Earned 66.500 37.500 78.750 \$21,179.00 V \$115.732 V \$882.46 V 183 Wholly Sep Amt: End Date: 52424 Contract Balance 2116 \$6,177 18 Remaining Pymts: Local Contract Days: Used \$0,00 Amount \$21,179.00 V **End Bal** 25,250 SSN: Emp Nbr: 008909 W4 Nbr Other Dependents: 0 Degree: W4 Other Deductions: \$.00 Retirement Date: Latest Re-Emp Date: 11-29-2021 OT Elig: OT Rate: State Min Salary: -08-11-2022#Months in Contract: Percent 100.000% Employee Salary Information 85-25-2023# Bays in Contract: \$21,179.00# of Annual Pymts: 1-Bachelor's **Budget Information** \$0.00 Salary Calculation Job Information Leave Information 183 Hourly Rate: Eagle Pass ISD Activity Type Description 08 STATE PR Calling of Date TRS Grant \$23.15 \$0.00 Work Email: pbemai@eaglepassisd.net Creditable Year of Service: Yrs Prof Exper Total: Yrs Prof Exper District: Yrs Experience Total: Yrs Experience District: \mathcal{O}_1^4 W4 Other Exemptions: \$.00 Extract ID: Ų 8 $\sqrt{\$15.43}$ Wkly Hrs Sched: < Beg Bal Earned b b TRS Position: V 24 FICA Eligibility: Exp 373 State Step: 10 TRS Status: Yrs in Career Ladder: TWC Code: Payoff Date: Acct Type Extra Duty Cd O PR4 Used '96 Pay Campus: Page: 1 of Program: HRS1650 gá Frequency: M - Subject to medicare 03 - Support staff 1 - Eligible 9-31-2823 EMP[Q4 38 1/ W4 Filing Status: Primary Campus: End Bal 0 8 Perform Pay Ξ <u>=</u> 5

ate Run _{i,} 08-26-2022 4:09 PM nty Dist: 159-901	Employee Salary Information Eagle Pass ISD		Program: HRS1650 Page: 1 of 1
BERNAL NJE B ASS, TX 78852-0000 03-26-2013 salary: 90.00 W4 Nbr Children Under 17: 1 \$.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 Freq Yrs Experience Total: 03 Pay Yrs Prof Exper District: Prim Yrs Prof Exper Total: W4 F Creditable Year of Service: □ Extract ID: PR4 Work Email: pbemal@eaglepassisd.net W4 Other Exemptions: \$.00	03 Frequency: 5 03 Pay Campus: 111 Primary Campus: 111 W4 Filling Status: S ssisd.net
Job: INSTRUCTIONAL AIDE rimary: Y Assigned: 100.00% Begin Date: 3rade: End Date: Step: Contract Amount: Sched: Contract Balance: /acant: Local Contract Days: ### of Days Empld: 183 Wholly Sep Amt:	Job Information ————————————————————————————————————	Payoff Date: 10 TRS Status: 187 TRS Position: 24 FICA Eligibility: 24 WC Code: \$15.43 Wkly Hrs Sched:	08-31-2023 1 - Eligible 03 - Support staff M - Subject to medicare C 38
Job: INSTRUCTIONAL AIDE Account Code Amount 166-11-6129.00-111-225000 \$21,179.00	Percent Activity 100.000% 80	TRS Grant Exp 373 Acct Type Y G	Extra Duly Cd Perform Pay
Job: INSTRUCTIONAL AIDE Annual Salary: \$21,179.00 Pay Rate: \$882.46 Daily Rate: \$115.732	Salary Calculation State Min Salary: OT Elig: OT Rate:	\$0.00 State Step: Y Yrs in Career Ladder:	00

Employee Signature



ite Run: 05-18-2022 11:4: ity Dist: 159-901	/ AM	Employee Salary Information Eagle Pass ISD	Program: HRS1650 Page: 1 of 1
me, PAMELA BERNAL dress: 747 AVENUE B EAGLE PASS TX one: (830)	78852-0000 6-2013 \$0.00	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 92 Frequency: 5 Yrs Experience Total: 03 02 Pay Campus: 111 Yrs Prof Exper District: Primary Campus: 111 Yrs Prof Exper Total: W4 Filing Status: S Creditable Year of Service: □ Extract ID: PR4 Work Email: pbemal@eaglepassisd.net W4 Other Exemptions: \$.00
ob: INSTRUCTIONAL rimary: Y Assigned: rade: 03l rep: ched: acant: of Days Empld:	100.00% Begin Date: End Date: Contract Amount: Contract Balance: Local Contract Date: 94 Wholly Sep Amt:	ys: 183 94 Hourly Rate: \$0.00 ——— Budget Information -	: 187/RS Position: 03 - Support staff : 24/FICA Eligibility: M - Subject to medicare 7 WC Code: C £14.38-Wkly Hrs Sched: 38
Account-Code 66-11-6129.00-111-225000			Grant Exp 373 Acct Type Extra Duty Cd Perform Pa Y G
nnual Salary: ay Rate:	\$19,736-65 21179 \$724.14 988 .46		\$0.00 State Step: 00 Y Yrs in Career Ladder: 0 \$21.57
nnual Salary: ay Rate: ally Rate:	\$10,736-66 21179 \$724.14 9.89 46 \$107-860 115-73	State Min Salary: OT Elig: OT Rate:	Y Yrs in Career Ladder: 0 \$24.57 23.15 PAY GRADE'S 183 DAYS (7.5 HRS) 5.5 % INCREASE 7.88X183=1,442.04(ANNUALLY)
nnual Salary: ay Rate: ally Rate:	\$10,736-66 21179 \$724.14 988 46 \$107-860 116-73	State Min Salary: OT Elig: OT Rate:	Y Yrs in Career Ladder: 0 \$24.57— 23-15 PAY GRADE'S 183 DAYS (7.5 HRS) 5.5 % INCREASE
nnual Salary: ay Rate: ally Rate:	\$10,736-66 21179 \$724.14 988 46 \$107-860 116-13	State Min Salary: OT Elig: OT Rate:	Y Yrs in Career Ladder: 0 \$24.57 23.15 PAY GRADE'S 183 DAYS (7.5 HRS) 5.5 % INCREASE 7.88X183=1,442.04(ANNUALLY) 1,442.04/24=60.09 (PAY RATE) 2022-2023
ennual Salary: (ay Rate: (ally Rate:	\$10,736-66 21179 \$724.14 988 46 \$107.860 116.73	State Min Salary: OT Elig: OT Rate:	Y Yrs in Career Ladder: 0 \$24.57 23-15 PAY GRADE'S 183 DAYS (7.5 HRS) 5.5 % INCREASE 7.88X183=1,442.04(ANNUALLY) 1,442.04/24=60.09 (PAY RATE)

	PAYROLL SA	LARY A	DJUSTME	ENT FORM	Λ
Employee Name:	Pamela Berna	ı		ID:	8909
Position:	Instructional Ai	de	i Pe	Campus:	111
Account:	166-11-6129-00-111-	225-000	•3	100%	
			• 3	·	
			e de la companya de		
Pay Period:	2/15/2022				
	REAS	ON FOR A	DJUSTMEN	T	
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	£	Cont	ract End Date:	5/26/2022
\$ -	\$ -		\$ -	_	\$ -
Contract Amount	Extra Amount		Extra Amoun		Total Contract Amount
94		\$	107.85	_	\$ 10,137.90
No. of Days to wo	ork	Dai	ly Rate	1,50	Total Contract Earned
No. of Days to wo	ork	Daily R	ate (Extra)	- 5	Total Extra Earned
Description of Extra:		,	Account	:	
					\$ -
No. of Days to wo	ork	Dai	ly Rate		Total Extra Earned
Description of Extra:			Account	:	
and the second second			Total Adj. Co	ntract Amount:	\$ 10,137.90
	х			_ =	\$ -
Pay Rate	Payments	Fro	om- To		Contract Paid
\$ -	х	-		_ =	\$ -
Pay Rate Description:	Payments	Fre	om- To Account		Contract Paid
Description			-	Contract Paid:	\$ -
				Contract Faid.	
\$ 10,137.90 Contract Balance	No. of Payments	2/15/20 From	22-08/31/22 To	_	\$ 724.14 Semi Monthly Payments
		110111	7		1
Marital Status:	X Single	L	Married	134/4-1-1-1	Single, but W/H Higher
Dependents:	1	- 2	Addition	al Withholding:	815
Bank Account Num	nber	В	ank Routing Nu	ımber	Bank Code
Note:					77
1/ 1/ // /	^				9.760 . 271
Asst Payroll Dire	ctor 2. 2 22	Asst. Pa	yroll Director	-	Payroll Director

	PAYROLL SALA				8909	
nployee Name:	Pamela Bernal		ID:	-	111	
sition:	Instructional Aide		Campus		111	
count:	166-11-6129-00-111-225	-000		0%		
			202		20	22
ay Period:	2/15/2022		START AND DESCRIPTION			
	REASON	I FOR A	DJUSTMENT			15.23
New Employee: Coaching Stipend:	X Special Ed: Master's:		Chairperson: Promotion:			
Reassignment:	Other:					
Pay Grade:	03 Hrly Rate: \$	14.38	O/T Rate: \$	21.57	t. Minimum:	\$ -
Pay Step:	0 State Step:	0	Grant Code:	c	ontract amount:	\$19,736.55
No. of Days Based on:			No. of Days	to work:	94	4
	1/5/2022		Payo	off Date: _	8/31/	2022
Contract Begin Date:			Contract Er	nd Date: _	5/26/	2022
Contract Begin Buter			\$		\$	
\$	\$ - Extra Amount		Extra Amount		Total Contr	act Amount
		\$	107.85		\$	
94 No. of Days to wo			aily Rate		Total Cont	ract Earned
					\$ 7.154	- Fornad
No. of Days to wo	rk	Daily	Rate (Extra)		TotalEx	ra Earned
Description of Extra:		55.4	Account :			
			Daily Rate		\$ Total Ex	tra Earned
No. of Days to wo			Account :			
Description of Extra:			Total Adj. Contract	t Amount:	Ś	10,137.90
			Total Auj. Contrac	t Amount		
	х				\$ Cont	ract Paid
Pay Rate	Payments		From- To		\$	
\$ -	xPayments		From- To			ract Paid
Pay Rate	Payments					
Description.			Total Con	tract Paid:	\$	San Wales
		-1	/2022 00/21/22		\$	724.1
\$ 10,137.90	No. of Payments	2/15 Fron	/2022-08/31/22 n To		Semi Mor	nthly Payments
Contract Balance			Married		Single, but \	N/H Higher
Marital Status:	X Single		Additional W	/ithholding	-	
Dependents:	1	-	Additional W	/Ittillolaling		815
	· mbor		Bank Routing Numb	er		Bank Cod
Bank Account Nu	imper		A 141 100 14		1,7 1,540	
Note						1/1
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2	PROMOTION, IKAL PROMOTION PAY GRADE RI RESIGNATION LEAVE OF ABS TRANSFER	COMMON NO WA	SALARY OR RATE: SALARY OR RATE: PAY GRADE MI ANNUAL SALA HOURLY RATE	ADD TO PAYROLL: NEW EMPLOYEE PART TIME	WORK DAYS	DEGREE	JOB TITLE	CAMPUS/LOG	SOC.SEC.NO.	NAME	DATE PREPARED_
Mil attain and	PROMOTION, IKANSFER OF LEAVE OF ABSENCE TRANSFER TRANSFER OK LEAVE OF LEAVE OF LEAVE OF LEAVE OF ABSENCE TRANSFER OK LEAVE OF LEAVE O	dansin'i dia	ARY OR RATE: PAY GRADE MINIMUM ANNUAL SALARY HOURLY RATE	ROLL: PLOYEE VIE	183		Instructional Aide	CAMPUS/LOCATION Benavides		Bernal LAST	RED 12/08/21
	SIFICATION	ואת אתבודים מא		TEMPORARY OTHER	BOARD/S	YEARS OF EXPERIENCE	ide	avides_		Pamela FIRST	
	NEW JC NEW JC NEW JC NEW PA TERMIN OTHER	A TIONI.	☐ PER SALARY ☐ DAILY RATE ☐ OTHER	ARY	BOARD/SUPT AGENDA DATEA	XPERIENCE	JOB CODE <u>0031</u> .	PAY GRADE 03	I.D. NO. <u>8909</u>		EFFE
	NEW JOB TITLE		PER SALARY SCHEDULE DAILY RATE OTHER	SCH 20 SEE AJ	A DATEAR		0031	3 03	<u>)9</u>	M.	EFFECTIVE DATE
11-9-11			DULE	SCHOOL YEAR 2021-2022 SEE ATTACHED	DEC 0.9 2021						: <u>See F230</u>
				Á	4						

DEPARTMENT OF HUMAN RESOURCES

SALARY CALCULATION FORM (EMPLOYEE FILE)

NAME: Pamela Bernal	ID#:	8909
PREVIOUS EMPLOYEE: Celina Romero	ID#:	515
(AS APPLICABLE)		
I. <u>ASSIGNMENT</u>		
POSITION: Instructional Aide PREVIOUS POSITION LOCATION: Benavides LOCATION: PAY GRADE: -03	er: 🗌 N:	
BASE PAY: \$19,736.55 ADDITIONAL PAY: \$ ADDITIONAL PAY: \$ STIPEND(S): \$ TOTAL PAY: \$19,736.55 HRS: 7.50 DAILY/HRLY RATE: \$14.38 DAYS: 183 TRAVEL: \$ ACCOUNT CODE: 166-11-6129-00-111-225-000 BASE PAY: \$ ADDITIONAL PAY: \$ TOTAL PAY: \$ TOTAL PAY: \$ DAILY/HRLY RATE: TRAVEL: \$ ACCOUNT CODE: 466-11-6129-00-111-225-000	\$	HRS: DAYS: RECEIVED PAYROLL DEPT
		DEC 0 9 2021
TI. <u>CERTIFICATION</u> CURRENTLY CERTIFIED: YES: \(\Boxed{1} \) NO: \(\Boxed{1} \) N/A: \(\Boxed{1} \)		SCHOOL YEAR 2021-2022
CERTIFICATION AREA(S):		
STANDARD: ALTERNATIVE: NON-REN	EWAE	LE PERMIT:
EMERGENCY PERMIT: OTHER:		
III. <u>EXPERIENCE</u>		
EPISD (PARA-PROF) EXPERIENCE: 0 year(s) EPISD (PROF) EXPERIE	NCE:	0 year(s)
OTHER EXPERIENCE: 0 year(s) TOTAL EXPERIENCE:	0 year	(s)
PROFESSIONAL HIRING PAY STEP EXPERIENCE: 0 year(s)		
VERIFIED: Jam. Da 11/30/21 Human Resources Officer Payroll Dire	16/ ector	11.302.
EXECUTIVE DIRECTOR FOR THE		dent for B&F
This form is required when there is a change in Base Pay, Additional Pay, Stipend(s) included was Superintendent's Agenda or at a School Board Meeting as applicable. This form is not required by the Superintendent and approved by the School Board as part of the Annual Budget.	ith annu ed for e	al salary, and Travel as approved on nployee pay increases recommended
PROCESSED BY: HUMAN RESOURCES PAYROLL DATE HUMAN RESOURCES PAYROLL BEFFECTIVE PAY PERIOD: J		
*EFFECTIVE PAY PERIOD: *EMPLOYEE THAT VERIFIES MAY NOT COMPLETE THE FOR PAYROLL USE ONLY SECTION. DIFFERENT EMPLOYEE MUST PRO *MUST ATTACH COPY OF THE ITCCS REGION 20 WPRS321 EMPLOYEE PAY INFORMATION SCREEN AND PROVIDE HR AND RI	CESS AND V ISK MANG. I	ERIFY FOR PAYROLL USE SECTION. DIR. WITH COPY OF FULLY SIGNED FORM

DEPARTMENT OF HUMAN RESOURCES

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

RECEIVED

REQUEST FOR ADVERTISEMENT

OC1 26 2021

A CONTRACTOR OF THE STATE OF TH		·		Human Res Imelda Ut	ources rbina
(PLEASE CHECK ONE):	Certified I	Position Adm	inistrative Position	Classified Position	
REQUISITION:				, , , , , ,	Apr 11-8-
Campus/Department:	Benavides Ele	ementary & Glass	Elementary d	Mancha Elementory u Aide) 16-	I Degos
Position:	Elementary B	ilingual Aide (2)	Instructions	d Aide) 10	ر سرط ا
Account Code:	166-11-6129-	00-111-225-000 &	2 100-11-0129-00-1	03-223 000	
Pay Grade:	3		Work Days:	PAYROLL DEPT	<u> </u>
		-		DEC 0 9 2021	
REASON:				SCHOOL YEAR	
Supplemental Pro	ogram	Resignation	n/Retirement	292minatio22	•
Reassignment/Tr	ansfer	Leave of A	bsence	Other	
Replacement for:	To fill vacan	cies			
Comments:					
	· · ·				
APPROVALS:					
Requested by:		Disatos) 10/76/71 Date	
Cam	pus Principal/Pr	ogram Director	/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OCT 2 C 2026	
Approved by:	tv Superintende	ent for P&I/DO/F I		OCT 2 6 2021 Date	-
Received by:	W Cutt	W Offile Or Human Resour	W	10/28/21 Date	-
	<u> </u>		•	Revised 02/20)20

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

RECEIVED

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)

DEC 09 2021

Security Guard (183 days)

SCHOOLIYEAR 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** MUMIXAM MIDPOINT MINIMUM PAY GRADE 18.00 14.38 003 25.68 20.54 16.43 004 DEC **o** 9 2021 24.39 19.51 005 SCHAOOL YELAR 27.00 21.57 006* 2021-2022 **Peace Officers recommended starting hourly rate is \$22.59 ANNUAL SALARY BASED ON 183 DAYS (7 1/2 HOURS PER DAY) MUMIXAM **MIDPOINT PAY GRADE** MUMINIM 31,567.50 24,705.00 19,736.55 003 35,245.80 28,191.15 22,550.18 004 41,847.53 33,475.28 26,777.48 005 46,665.00 37,057.50 29,604.83 006 ANNUAL SALARY BASED ON 217 DAYS (7 1/2 HOURS PER DAY) **MAXIMUM MIDPOINT** MINIMUM **PAY GRADE** 37,432.50 29,295.00 23,403.45 003 41,794.20 33,428.85 26,739.83 004 49,622.48 39,694.73 31,752.53 005 55,335.00 43,942.50 35,105.18 006

Note: Peace Officer recommended minimum annual salary based on 202 days (8 hours per day) is \$36,505.44

Extra Duty Account Type

G

G

Year: C

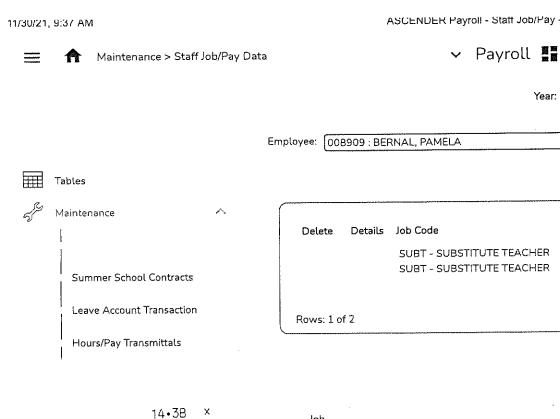
Frequency: 5

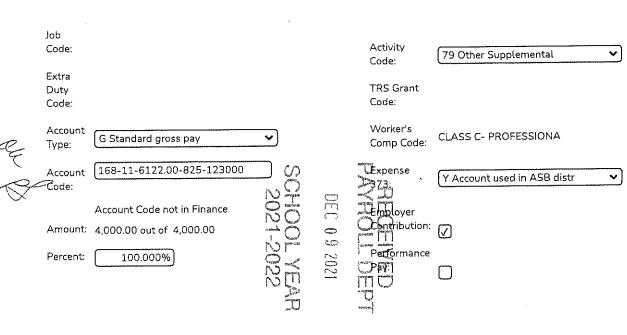
Total:

Account Code

168-11-6122.00-825-123000

199-11-6112.00-001-111726





Version, 6 Build 0200.3 Host: XXX,XXX,XXXX.8 Enowise: GC 96.0

Utilities

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Eagle Pass Independent School District

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TO:

Samuel Mijares, Superintendent of Schools

NOV 3 0 2021

FROM:

Jaime Gonzalez, Bil/GT/Fine Arts/Title III Director

Human Resources Imelda Urbina

DATE:

November 16, 2021

SUBJECT: Recommendation for Bilingual Instructional Aide

The Interviewing Committee, consisting of <u>3</u> persons, met on <u>11-16-21</u> to interview applicants for the position of <u>Bilingual Instructional Aide</u>. There were <u>10</u> applicants. The Interviewing Committee recommends <u>Pamela Bernal</u> for the position.

If additional information is needed, please call me at your conveniend ECEIVED PAYROLL DEPT

Inter	vie	wing	Con	mittee:
-------	-----	------	-----	---------

DEC 09 2021

Sergio (Tzviu) Agree Disagree

SCHOOL YEAR 2021-2022

WWW.EAGLEPASSISD.NET

JAIME 11. GONZACCI

Agree Disagree

Edizabeth Sames

Agree Disagree

Agree ___ Disagree

587 Madison Street • Eagle Pass, Texas 78852 • Tel. (830) 773-5181

Agree Disagree

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

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 Pos	ition			
Candidate's Name:	Pamela Bernal	Position/Title/Grade Lev	vel: Bilingual Inst.	Aide			
Location:	Benavides Elementary	Bilingual Position:	Yes No)			
Names of those interv	iewed	Certification					
Martha C. Luna Erika Musquiz Leslie Sanchez Gabriela Ruiz Cynthia Martinez		Life Standard Life Standard Life Standard Life Standard Standard Standard Standard Standard	☐ Probationary ☐ Probationary ☐ Probationary ☐ Probationary ☐ Probationary ☐ Yes ☒	 N/A N/A N/A N/A N/A N/A 			
	ed candidate meet the rairing procedures in DC (equirements for the position?	Yes ⊠	No 🗌			
Elst justification for selecting candidate (i.e. strongers, 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. PAYROLL DEPT							
			DEC 0 9				
	terviewing committee. Elizabeth Torres, Sergi	o Esquivel	SCH00 2021-	L YEAR 2022			
ADMINISTRATIVE RECOMMENDATION							
"I am recommendi	ng this candidate for the	above-named position. The can ir specific campus needs."	ndidate is the best ap, $1130/21$	plicant to meet			
	Signature of Lo	cation Administrator	Date Finalover, M/F/D/V."				

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

DEPARTMENT OF HUMAN RESOURCES

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EMPLOYMENT TELEPHONE REFERENCE CHECK

CECCUICATI CI 1/CI	to the form to be completed by the vec	ammending administrator
	ntact information to be completed by the rec Bernal	ommenaing daministrator.
Position Applying For: Bili	ngual Instructional Aide Location:	Benavides Elementary
Name of Organization/School	District/Company Contacted: CC Winn High	n School
Contact Person's Name:	Jesus Diaz-Wever	
Contact Person's Job Title:	Principal .	
SECTION II Employment Dates of Employment - From:	nt information to be completed by the recomm August 2012 To:	nending administrateRECEIVED May 2016 PAYROLL DEI
Position/Title: Tutor & P	Permanent Sub	DEC 0 9 2021
Brief Description of Duties:	Sub Teacher for teachers on FMLA	SCHOOL YEA
Would you rehire this person?		2021-2022
SECTION III Reference in	nformation to be completed by the recommending	
Indicate the reference's respon	nse by checking: E = Excellent, S = Satisfactory, U	administrator. = Unsatisfactory, or NB = No Basis to Judge
AREA Attendance Punctuality Dependability Commitment Hard-working Initiative Innovative Leadership Computer/Technical skills	AREA E / S / U / NB	= Unsatisfactory, or NB = No Basis to Judge E / S / U / NB rkers/supervisor Its
AREA Attendance Punctuality Dependability Commitment Hard-working Initiative Innovative Leadership Computer/Technical skills	E / S / U / NB Relationship w/ co-wo Relationship w/ studen Relationship w/ parent Communication ability Management style Professional judgment	= Unsatisfactory, or NB = No Basis to Judge E / S / U / NB
AREA Attendance Punctuality Dependability Commitment Hard-working Initiative Innovative Leadership Computer/Technical skills Do you have any additional contents.	E / S / U / NB Relationship w/ co-wo Relationship w/ studen Relationship w/ parent Relationship w/ co-wo Relationship w/ parent Relationship w/ co-wo Relationship w/ parent Relationship w/ parent Relationship w/ co-wo Relationship w/ parent	= Unsatisfactory, or NB = No Basis to Judge E / S / U / NB
AREA Attendance Punctuality Dependability Commitment Hard-working Initiative Innovative Leadership Computer/Technical skills Do you have any additional con N/A	E / S / U / NB AREA Relationship w/ co-wo Relationship w/ studen Relationship w/ parent Relationship w/ co-wo Relationship w/ parent Relationship w/ parent Relationship w/ co-wo Relationship w/ co-wo Relationship w/ parent Relationship w/ co-wo Relationship w/ co-wo Relationship w/ co-wo Relationship w/ co-wo Relationship w/ parent	= Unsatisfactory, or NB = No Basis to Judge E

DEPARTMENT OF HUMAN RESOURCES

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EMPLOYMENT TELEPHONE REFERENCE CHECK

Please check one): Certified Position Administrative Position Classified Position	 1
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 CLIVEL PAYROLL DE	! :P
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 YE 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	
AREA Attendance Punctuality Dependability Commitment Hard-working Initiative Innovative Leadership Computer/Technical skills 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: THIE H. COULAUEZ DIRECTOR (PLEASE PRINT) Reference check conducted by: THIE H. COULAUEZ ADMINISTRATOR POSITION/TITLE	
II 19 2 L	

HUMAN RESOURCES EMPLOYEE STATUS CHANGE FORM F-230

THIS FORM MUST BE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT [SUBMIT ONE (1) FORM PER EMPLOYEE]

oxpan 3	7 A 38 ACTO .	PAMELA BERNA			OYEE ID#:_	8909		
		BENAVIDES HEIGH		1. ORG	CODE:	111		
CAMPUS/DEP						3	, 183	
POSITION:	BILIN	GUAL INSTRUCTION	ONAL AIL	PAY C	GRADE/DAY	. S		<u></u>
X FULL	TIME	PART-TIME	HOURS I	PER WEEK PLOYEES MAY NO EPTION OF FOOD	37.50 ot work more the service and train	AN EIGHTEENT NSPORTATION	TO HOURSTER	VED
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FMI.A			AN 13 20		MINATION-			
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	AGOIV	FOR CHANGE: HireC						
OTTO DENIT.			NICY	37.				
CURRENT: Acct#			% A	et#_166-11	I-6129-00-1	11-225-0)001	100 %
Acct#			% A	:ct#				%
Acct#			% A	ect#		1. 110		
1.) Odar- PRINCIPA	L/DIREC	1/1/22 TOR DATE	-	4.) EXECUTIV	/E DIR. OF HUI	MAN RESOU		ATE
2.) PROCEMA	DIREC	POR 1/12 DATE		5.)	TIPT FOR BUS	INESS & FD	NANCE D	ATE
3.) DEPUTY S	SUPERIN	JAN 1 207 TEXTENT DATE		6.) SUPERINT				ATE
	X	R HUMAN RESOURCES/PA Initial/Date; same employ	AYROLL USE (ee may <u>not</u> p	ONLY-MUST E rocess & veri	SE COMPLETEL fy. If a field doe	y FILLED OL es not apply	indicate "N	I/A".
	y: Huma	n Resources:			Payroll:	10 5	321 , 2.7	
Verified by:	Huma	n Resources:			Payroll:	zlkl		
1								t

DEPARTMENT OF HUMAN RESOURCES

SALARY CALCULATION FORM (EMPLOYEE FILE)

NAME: Pamela Bernal		ID #: 8909	
11,221,220	Celina Romero	ID#: 515	
TREVIOUS END BOTES.	(AS APPLICABLE)		,
	I. <u>ASSIGNMI</u>	ENT	
VACANCY: POSITION: Instructional A LOCATION: Benavides PAY GRADE: 03 BASE PAY: \$19,736.55 ADDITIONAL PAY: \$ STIPEND(S): \$ TOTAL PAY: \$19,736.55 DAILY/HRLY RATE: \$14.38 TRAVEL: \$ ACCOUNT CODE: 166-11-61	LOCATIO PAY GRA BASE PA' ADDITIO STIPEND HRS: 7.50 TOTAL P	DE: Y: \$ NAL PAY: \$ (S): \$ AY: \$ RLY RATE: \$	HRS: DAYS:
	II. <u>CERTIFIC</u>	<u>ATION</u>	
CURRENTLY CERTIFIED:	YES: NO:	N/A:	
CERTIFICATION AREA(S):			
STANDARD:	ALTERNATIVE:	NON-RENEWABLE PE	RMIT:
EMERGENCY PERMIT:	OTHE	R:	
•	III. <u>EXPERII</u>	ENCE	
EPISD (PARA-PROF) EXPERIE	NCE: 0 year(s) EPISD (PROF) EXPERIENCE: 0 year(s)
OTHER EXPERIENCE: 0 year(s) TOTAL EXP	ERIENCE: 0 year(s)	
PROFESSIONAL HIRING PAY	STEP EXPERIENCE: 0 year(s))	
VERIFIED: Fam. (Human Resource	$\frac{\int_{a} 11/3o/zJ}{\text{es Officer}}$	Payroll Director	136z,
APPROVED: Executive Direct		Deputy Superintendent for	
This form is required when there is a cha a Superintendent's Agenda or at a School by the Superintendent and approved by the	l Board Meeting as applicable. This for:	m is not required for employee p	and Travel as approved on ay increases recommended
	FOR PAYROLL USE ON		7.77

"The Eagle Pass Independent School District is an Equal Opportunity Employer, M/W/D/V." Revised 11/2021

*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

HUMAN RESOURCES/PAYROLL

Employee: 008909 : BERNAL, PAMELA			
			Last Chan
Staff ID/SSN: 629-08-7793 Texas Unique Staff ID:			Last Chan
22			
Name			
		BERNAL	
Legal: PAMELA			
Former: PAMELA		BERNAL ESPINOZA	
Title First	Middle	Last	Gener
Title Tillst			
Addresses			
	C'A.	State	
Number Street/P.O. Box	Apt City		~
Mailing:	EAGLE P/	ASS	
Alternate:	EAGLE P.	ASS TX Texas	~
Atternate.			
Address	Country	Delivery Name	
Supplemental:			
Travel			
Travel Commute 0.0			
Distance:			
	ङ्ग -		
	B. Carlo Carrer	DL State: TX Tex	as
Sex: F Female Citizenship	Driver's License:		
DOB: Marital Stat: S Single	✓ Deceased □	DL Expir Date: 05-03	1-2029
		*	
	90 U (Max) 24 - 1		
Ethnicity Race (check all that	t apply; must select at least one		
Hispanic/Latino 🗸 American In	ndian Alaskan Native	Native Hawaiian Pacific Islander	
Asian		White	
Plack Africa	an American		

:			$\overline{}$	SURD		
	: (008909 : BERNAL, PAMELA					
High Perc Ligi Extr	loyee Status: 6 Substitute 1 Bachelor's ent Day Employed: 40% ble for Re-hire: 2 Elec Consent: 5 Elec Consent:	Year Round: ERS Retiree Health Elig: NY ERS Retiree Health Elig:	Sub DODO Emp Reti RECEIVED PEIN YROLL DEPT High NOV 2 9 2021 Para	nly Qualified:	it 🕶	
Tota in E	Contract in Class: ProfessionalNon-Professional Class: al: 02 Total: 02 Term: Olstrict: 02 In District: 02 Year: or Teaching: 0		HOOL YEAR 2021-2022 Extended Leave Begin: 00-00-0000 End: 00-00-0000	Termination Date: 04-29-2021	Grade(s) Taught:	
· Uni	SET IN KRONOS ON THE SET IN KRONOS ON THE SET IN KRONOS	tatu ktra	rprint information s: B FP not needed ct Date: 00-00-0000 erprint Date: 00-00-0000	Estimated Annu 8udget Code	ual Salary (Hourly Employees Only) a:	Prog
	READY TO SET UP IN A				Last 4 of SS: email: Phone # DOB:	

Section Times: 120 min and 37 cor

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in 2020 Texas Committee Connecative

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7	aintenance ^	Pay Status: 1 Active Pay Campus: 111 BENAVIDES E	clementary v	Tax Exempt: Unemployment Elig: FICA Eligibility:	₩	are v	
		Dept: Dock Rate: 14.380		W4 Marital Status: Nbr of Exemptions:	Single 0		
		TRS Status: 1 Eligible	FSP Staff Salary Da Health Ins Code:	ita Y Eligible particip	oating I V	als ste Min. Salary:	0.00
令 (Psyroll Processing Inquiry V	Begin Date: 01-05-2022 04-04-2022	FSP Staff Data Cod		v Ext	tra Duty: ntract Amt: 19, ntract Balance: 9,	0.00 ,736.55 ,413.76
[12]	Next Year						
8	Self-Service V	Extra Duty Pay					
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	Reports	No Rows					
		Bank Info					
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			Year: C	Frequency: 5	Change
		Employee: 008909 : BERN	IAL, PAMELA		
EEE BAR.	V				
Annenance	^	Delete Selected	Non-contracted emp	Primary Campus:	111 BENAVIDES ELEMENTARY
		Rows: 1 of 1		Dept:	
		Contract Info			
		Pay Type: 2 Non-contrac	cted emp Pay Grade: 03	Pay Step: Sched	Max Days: Hrs Per Day: 7.50
k		Total: [19,736.55]	Balance: 9,413.76 # o	f Annual Pymts: 24 Remain	ing Pymts: (13) Concept: Use midp
		# of Months in Contract: (10 State Min Days: (187 Va	alid basic days in contract 🗸 🔻 Ba	se Annual: 12,690.00
		Daily Rate: 107.85	0 = Contract Total:	19.736.55 / # of Days	Empld: # Days Off: 0.0
Branch Street	S ₁ +	Pay Rate; 724.1		19,736.55) / # Annual	24
		Reg Hrs Worked: 0.0	OVTM Elig: OVTM	Rate: 21.57 Hrly Rate:	14.38 Exempt Status: EEC
101 legacy	*/	State Info			
EE BERT W	* 1	State Step: Yrs in	Career Ladder: TRS Y	ear: TRS Member Pos:	03 Support staff Wholly Sep
A GHANNE	No.	State Min 0.0	Daily Rate:	0.000 X % Assigne	x # of days 94
(S) Outpus	v.	Calendar/Local Info	bully from	,	
(F) Brook	V	Calendar/Local Options:	26 - 2122 183 Days Beg	gin Date: 01-05-2022	End Date: 05-26-2022 # of Da
		Years Job Exp:	0 Loc	al Contract Days: 94	-
		Workers' Comp info			
		WC Code: B CLASS B-	ALL OTHER € 0.002800 ✓	/C Ann Pyrnts: 20 WC Rem	nain: 9
		Accrual Info			
		Code:	Accrual Rate	0,000) = Total	[19 736.55] / # of Days Empld

Year: C

Frequency: 5

Change

Employee: 008909: BERNAL, PAMELA Maintenance Extra Duty Account Type Account Code Amount Delete Details Job Code 166-11-6129.00-111-225000 19,736.55 100.0 G 003I - INSTRUCTIONAL AIDE 19,736.55 100.4 Total: Rows: 1 of 1 Job Activity Code: 80 Base Salary Code: Extra TRS Grant Duty Code: Code: Worker's Account CLASS B- ALL OTHER E **v**) G Standard gross pay Comp Code: Type: Property and g Account 166-11-6129.00-111-225000 Expense Y Account used in ASB distr 373: Code: T Same SALARIES/WAGES-SUPPORT PERSONN Emplayer Contribution: Par Instylac 19,736.55 out of 19,736.55 Performance Percent: 100.000% 1. 18- Care Pay: (d) come c

(d) topeds

{A}	DATE PREPARED <u>05/04/2021</u>				EFFECTIVE DATE <u>Apr. 29, 2021</u>	
	NAME	Bernal LAST	Pamela FIRST	1	M.	
	SOC.SEC.NO	O		I.D. NO. <u>89</u>	09	
	CAMPUS/Lo	OCATION <u>D</u>	S.C.	PAY GRAD	E	
	JOB TITLE	Sub - Teache	er_			
	DEGREE		YEARS OF E	XPERIENCE		
	WORK DAY	YS	BOARD/S	UPT AGENE	DA DATE	
	OTHER					
{B}	ADD TO PA	YROLL:				
	☐ NEW E	MPLOYEE IIME	<u> </u>	RARY	SEE ATTACHED	
{C}	SALARY O	R RATE:				
	ANNU.	RADE MINIM AL SALARY ₋ LY RATE		DAILY	ALARY SCHEDULE RATE R	
{D}	PROMOTIC	ON, TRANSFE	R OR TERMIN	ATION:		
	☐ PAY G ☐ RESIG ☐ LEAV	OTION FRADE RECLA NATION E OF ABSENC SFER	ASSIFICATION EE	☐ NEW I	OB TITLE PAY GRADE INATION R Failure to sumbit 2020 LoRA	
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ę	MAY 26 ZOZO-202 2020-202	AR 1				

HUMAN RESOURCES EMPLOYEE STATUS CHANGE FORM F-230

THIS FORM MUST BE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT [SUBMIT ONE (1) FORM PER EMPLOYEE]

APLOYEE NAME	Bernal, Pamela	EMPLOYEE ID#	-
AMPUS/DEPT.:	D.S.C.	ORG. CODE:	
	- Teacher		
FULL TIME		HOURS PER WEEK: PART-TIME EMPLOYEES MAY NOT WORK MORE TO WITH THE EXCEPTION OF FOOD SERVICE AND TR	HAN EIGHTEEN (18) HOURS PER WEEK ANSPORTATION EMPLOYEES.
	HE FOLLOWING AS AI		
EMPLOYEE I	HIRED IN EXISTING VAC	ANCYNON-ELIGIBLE I	OR FRINGE BENEFITS
-	OR FRINGE BENEFITS	RETIREMENT	
	Y/STIPEND CHANGE	X RESIGNATION	
FMLA		TERMINATION	
	HANGE (COMPLETE SECTION BE	ELOW) WORKER'S COM	MP. LEAVE
OTHER/REASON	FOR CHANGE: Failure	END DATE: Apr. (MAY BE BL.) to submit 2020 Letter of Rea	asonable Assurance
THER/REASON	FOR CHANGE: Failure	to submit 2020 Letter of Rea	asonable Assurance
OTHER/REASON	FOR CHANGE: Failure MUST ENTI	to submit 2020 Letter of Rea ER ACCOUNT NUMBER(S) NEW:	sonable Assurance
OTHER/REASON CURRENT:	FOR CHANGE: Failure MUST ENTI	to submit 2020 Letter of Rea ER ACCOUNT NUMBER(S) NEW: % Acct#	sonable Assurance
OTHER/REASON CURRENT:	FOR CHANGE: Failure MUST ENTI	to submit 2020 Letter of Rea ER ACCOUNT NUMBER(S) NEW:	sonable Assurance
CURRENT: Acct# Acct# Acct#	FOR CHANGE: Failure MUST ENTI	to submit 2020 Letter of Real ER ACCOUNT NUMBER(S) NEW:	sonable Assurance
CURRENT: Acct# Acct#	FOR CHANGE: Failure MUST ENTI	to submit 2020 Letter of Rea ER ACCOUNT NUMBER(S) NEW:% Acct#% Acct#% Acct#	sonable Assurance
CURRENT: Acct# Acc	FOR CHANGE: Failure MUST ENTI CTOR DATE	to submit 2020 Letter of Real ER ACCOUNT NUMBER(S) NEW:	TW GULL H
CURRENT: Acct# Acct# PRINCIPAL/DIRECT 20 PROGRAM DIRECT 31	FOR CHANGE: Failure MUST ENTI CTOR DATE CTOR DATE	to submit 2020 Letter of Real ER ACCOUNT NUMBER(S) NEW: % Acct#	MAN RESOURCES DATE SINESS & FINANCE DATE
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Save Warnings Emp Maint Pay Info 2 Dir Dep	Data Distribution Data Deduction Data	ata Emp Pay Simulation	TRS
Payroll: 5 Employee Number: 000008909 SSN: Qualifier: F	Campus: 900 INACTIVE	W~	Docs Other Docs Search
Find Find Middle Prefix First Middle Name: PAMELA	Last BERNAL	Gen	
Regular Hours: 0.00 H Daily Rate: 0.000 A	ay Rate: 10.00 ours Per Day: 0.00 bsence Rate: 15.000 overtime Rate: 0.00		
Payoff Date: 06 30 2020 Contrac	t Balance: 0.00 t Months: 00 Contract Days: 178		
Payments 00 Remaining Payments: Work / Comp Payments: 00 Rem Encumbrance Payments:	00	ar Mana Sadiyak Aminin sayah Aminin sayah da mana sayayah aminin sayay ƙam	
Unemployment Eligible: Yes ✓ Accrual Co Marital Status: 1 - Single ✓ Number of FICA Eligible: 1 - Subject to FICA ✓ EIC Flag:	Exemptions: 00 IRS Lock-in Letter:	y]	•
- W-4 Information Year 2020 Filing Status: ✓ Multiple Jo Credits		The state of the s	
Number of Qualifying Children: 00 Number of Other Adjustments	Dependents: 00 Other: 0.00		
Other Income: 0.00 Deduct: 0.00			A STATE OF THE PROPERTY OF THE

9/2021	ay interest and a second and a second as a			
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Staff Information Payroll: 5				
	aiifier: P Campus: 900	INACTIVE	W-4 Docs	Other Docs Search
Prefix First Middle	e Last	Gen		
Name: PAMELA	BERNAL			
Pay Status: 2 - Inactive ▼	Pay Rate: 10.00			7
Pay Rate Code: 4 - Substitute	Pay Rate: 10,00 Hours Per Day: 0,00			/
Regular Hours: 0.00	Absence Rate: 15.000			
Daily Rate: 0.000 Overtime Eligibility: 2 - Overtime eligible	✓ Overtime Rate: 0.00	E Control of the Cont		
Annual Contract: 4000.00	Contract Balance: 0.00			
Payoff Date: 06 15 2021	Contract Months: 00		/	
Number of Days Employed: 178 State Min Fund: 0.00	Actual Contract Days: 178			
— Payments				
Annual Payments: 00 Remaining Payments: Work / Comp Payments: 00 Rem Encumbrance Payments:	00 yments: 00			NATURO CONTROL DE COMPOSITO DE LA CONTROL DE CONTROL DE CONTROL DE COMPOSITO DE CONTROL DE CONTROL DE CONTROL DE
Unemployment Englote: (62)	ccrual Code:			
Marital Status: 1 - Single V N		RS Lock-In Letter:	V	
FICA Eligible: 1 - Subject to FICA 🗸 E	IC Flag: 0 - Not eligible	e 💙		
W-4 Information Year 2020	ultiple Jobs:			
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Number of Qualifying Children: 00 Number	of Other Dependents: 00 Oth	ner: 0.00		
Adjustments		The state of the s	Donate Control of the	
0.00 Deduct: 0.00	•			

Highest Degree Level:

Job Code: SUBT

Begin Year:

- Career Ladder -

Non-Instructional Evaluation Code:

Desc: SUBSTITUTE TEACHER

/9/2021	Employment Mainten	A STATE OF THE PARTY OF THE PAR	
EAGLE PASS ISD	Reporting Products	Go Log Off	6/9/2021 2:05:52 PM
Change Responsibilities	Main Menu 👙 Employee Data Menu	Processing Section 1 to the second section of the section	My Menu WPR5315
Save Warnings Pay Info 1 Pay Info 2 D *** WARNING!!! EMPLOYEE PAY STATUS IS INACTIVE	Employment Maintenance		
Staff Information Payroll: 5			: 1 West Dones 1
Employee 000008909 SSN: Qualifier:	p Deduc Docs Leave Docs	Other Docs Self-Svc Pay Docs	W4 Docs Search
Prefix First Mid	die Last	Gen	
Name: PAMELA	BERNAL		
Campus: 900 P Dept: INACTIVE State Step: State Basic Days: 180 Pay Grade: Pay Step: Percent Day Employed: 040	Pay Step Level: 0		
Total Years Local: 02 Increase: ✓ Years in Distr	4.4	00 Increase:	
Dates	03		.: 1095C Elec :
Employed Date: 03 26 2013	W2 Elec Consent:	Earn Stmnt Elec Consent:	Consent:
Termination Date: 09 07 Termina 2020	otion Reason: 01 OTHER EMPLOYMENT		
Re-employed Date: 02 12 Resignation Resign	ation Date: 05 17 2017	School Year:	
Highest Degree Level:	Professional Statu	ss:	

State Amount:

Next Year Extraction ID: PR4

Desc: OTHER NON-EXEMPT AUXILIARY (NO

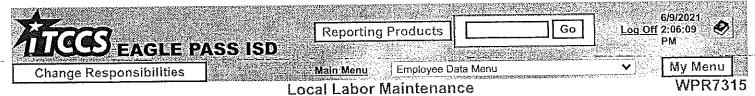
Employment Maintenance





Save Warnings Pay Info 1 Pay Info 2	Dir Dep Data TRS			
EMPLOYMENT DATA UPDATED				
Staff Information				
Payroll: 5				
**** *** *****************************	•	(1	W-4 Docs
Employee 000008909 SSN: Qualifie	r: P Deduc Docs	Leave Docs Other Docs	Self-Svc Pay Docs	VV-4 DOCS Search
Find				
Prefix First Mi	iddle Last	Gen		
Name: PAMELA	BERNAL	L		
		W N. W. C.		
Campus: 900	_			
State Step: State Basic Days: 180				
Pay Grade: Pay Step:	Pay Step Level: 0			
Percent Day Employed: 040				
Experience		Y Years for Pay: 00 Increase:	~	
Total Years: 02 Increase: Years in Dis		· lears to 1 ay. do	Caragramania	
Total Years Local: 02 Increase: V Years in Dis	itrict Local: 02 Increase.			William Control of the Control of th
Dates	04 29			
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03 26			Stmnt Elec 🗸	1095C Elec
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04 29	4: 11	•		
Termination Date: 2021	nation Reason: OTHER E	MPLOYMENT		
Re-employed Date: 02 12 Resig	nation Date: 05	17 2017 Scho	ool Year:	
	THE STATE OF THE S	Professional Status:	♦_	
Highest Degree Level:		Next Year Extraction ID: PR4	•	
Non-Instructional Evaluation Code:		Aux Role D: Desc:		
Job Code: Desc:		PRATION IN THE PROPERTY OF THE		Name of the state
Career Ladder	State Amount:	0.00		
Begin Year: Level: ♥	State Amount.	11777		

FT Expected Amount:

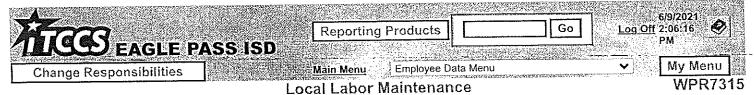


Delete Save Labor 2 DATA FOUND. PLEASE ENTER CHANGES Staff Information: **Employee** 000008909 SSN: Payroll: 5 Campus: 900 INACTIVE Number: Find Search Middle Last Gen Prefix First **BERNAL PAMELA** Name: ø SUB-OBJECT Ø ø Ø ø 12 2019 Effective Date: 02 Status: ACTIVE Phone Number: Ø WFC Employee Type: WFT PD FOR HRS Pay Rule: Ø Group Schedule Assignment: Ø CAMPUSES **Terminal Group Assignment:** Accrual Profile Assignment:

PT Expected Amount:

Accrual Profile Assignment:

FT Expected Amount:



Labor 2 Delete Save DATA NOT FOUND. PLEASE ENTER DATA AND CLICK SAVE Staff Information 2 Employee 000008909 SSN: **INACTIVE** Payroli: 5 Campus: 900 Number: Find Search Gen Last Middle First Prefix **BERNAL** Name: **PAMELA** ø SUB-OBJECT Ø 0 Ø Effective Date: Status: Phone Number: Ø WFC Employee Type: Pay Rule: Ø **Group Schedule Assignment:** 0 Terminal Group Assignment:

PT Expected Amount: