



"THE DISTRICT"

Donna Independent School District

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DATE: May 8, 2024

Reasonable Assurance of Continued Employment for Substitute Teacher

This letter provides notice of reasonable assurance of continued employment for the 2024-2025 school year as a Teacher Substitute with the Donna Independent School District when each school term resumes after a school break. **By virtue of this notice, please understand that you are not eligible for unemployment compensation benefits drawn on school district wages.**

This assurance is contingent upon continued school operations and will not apply in the event of any disruption that is beyond the control of the district (i.e., lack of school funding, natural disasters, court orders, public insurrections, war, etc.). You are required to work two days out of the month including a Monday or Friday.

Nothing contained herein constitutes an employment contract. Your continued employment with Donna I.S.D. is on an "at-will" basis. "At-will" employers may terminate employees at any time for any reason or for no reason, except for legally impermissible reasons. "At-will" employees are free to resign at any time for any reason or for no reason.

Your services on behalf of the children of the district are appreciated, and we hope that you will be able to continue your association with the district.

EMPLOYEE STANDARDS OF CONDUCT

SEARCHES AND ALCOHOL/DRUG TESTING
CONSENT AND RELEASE STATEMENT
EMPLOYMENT DRUG TESTING

I understand that, as a condition of employment, I may be required to participate in drug testing for pre-employment, random, reasonable cause, or other specified reasons.

I have been fully informed of the nature and risks of these tests and procedures that are performed for drug testing, and at this time i fully consent to participate in the performance of such tests and procedures on myself.

I hereby authorize the release of the results and any resulting information from these tests to Donna ISD's authorized representative, including Donna ISD's doctor. I understand that the resulting information will be held in the strictest confidence, being released only to those who have a valid need to know.

I hereby release Donna ISD, its personnel, physicians, or other affiliated personnel involved in administering the tests from any and all liability that results from the tests as performed.

I understand that:

1. Donna ISD will use the results and act in accordance with Donna ISD's substance abuse policy, which has been instituted in good faith by Donna ISD.
2. Some results may indicate a need for a follow-up examination by a physician and the responsibility for initiating any follow-up is mine alone not Donna ISD's.

You must electronically sign by Monday, May 20, 2024. Failure to acknowledge this document will constitute as a voluntary resignation of your employment for the 2024-2025 school year.