
**LETTER OF
REASONABLE
ASSURANCE**

Electronic signature
instructions





Online Forms have been found that you are required to complete. The required online forms are listed below including a description of what the online form is for. You can click on the online form name to enter the online forms.



Sub LORA 2024-2025

By submitting this electronic record to the Eagle Mountain-Saginaw ISD, you consent to use electronic communications, electronic records, and electronic signatures rather than paper documents.

Close Online Form Screen and Continue to Skyward

Log into Skyward Employee Access.

For username/password assistance contact Andrea Patino (817-847-2917) or apatino@ems-isd.net.

**If Google Chrome does not work, please use either Firefox or Internet Explorer.

Click the "Sub LORA" link to begin.

You will receive a confirmation email once you have successfully completed the signature process.

BRUBAKER, HEATHER M.

Sub LORA 2024-2025

1. Sub Letter of Reasonable Assurance 24-25

Open the link below and select "SAVE". By checking the box to the right, you confirm that you have reviewed your LORA. Print a copy for your records.

I have completed this step.

1. Sub Letter of Reasonable Assurance 24-25

[Click on this link for Sub Letter of Reasonable Assurance 24-25](#)

Click the **Sub Letter of Reasonable Assurance** hyperlink to view and acknowledge.

Step 1 of 5

[Next](#)

[Close and Finish Later](#)

Sub Letter of Reasonable Assurance 24-25



Name: BRUBAKER, HEATHER M. Employee Type: TEMPORARY EMP Building Code: 80900

Save

Save and Print

Back

April 4, 2024

Dear Substitute,

Your services on behalf of the students of the District are appreciated, and we hope that you plan to continue. This letter provides notice of reasonable assurance of continued employment with the District for the 2024-2025 school year. Your employment resumes after a school break subject to assignment by the administration and availability of funds.

This notice is being provided pursuant to the Texas Unemployment Compensation Act. By receiving this notice, you agree to receive unemployment compensation benefits drawn on your District wages during any school breaks, summer holiday, and spring breaks. You will also not be compensated on days the District does not request your services. This assurance is contingent upon continued school operations, and will not apply in the event of a school closure by the District.

Nothing contained herein should be interpreted as an employment contract. Your continued employment is on an "at-will" basis. "At-will" employees may be terminated at any time for any reason or for no reason, except for legal reasons. You are free to resign at any time for any reason or for no reason.

In order to indicate your intention to renew your status as a Substitute Teacher, please accept this form electronically. Your signature on this form will be placed in your personnel file before you will be called to substitute. Thank you for your prompt attention to this matter.

Sincerely,

Dr. Chaney Curran
Assistant Director of Human Resources
Eagle Mountain-Saginaw ISD

Electronic Signature Clause: By submitting this electronic record to the Eagle Mountain-Saginaw Independent School District, you consent to use electronic communications, electronic records, and electronic signatures rather than paper documents. You agree that your electronic signature is intended to authenticate this Agreement and to have the same force and effect as the use of a manual signature. By electronically signing this Agreement, you consent to be legally bound by this Agreement's terms and conditions. You are also confirming that you have the capabilities to receive and review electronic records. You further represent that no certification authority or other third party verification is necessary to the validity of your electronic signature. You have the right to withdraw your consent to receive electronic documents by submitting a written request through Human Resources.

Read the letter. Click **Save** to close the letter or **Save and Print** to save a copy.

BRUBAKER, HEATHER M.

1. Sub Letter of Reasonable Assurance 24-25

Sub LORA 2024-2025
C

Open the link below and select "SAVE". By checking the box to the right, you confirm that you have reviewed your LORA. Print a copy for your records.

I have completed this step.

1. Sub Letter of Reasonable Assurance 24-25

[Click on this link for Sub Letter of Reasonable Assurance 24-25](#)

Click the box next to "I have completed this step." to complete step 1.

Click the **Next** button.

Step 1 of 5

Next

Close and Finish Later

2. UPDATE CONTACT INFORMATION

Sub LORA 2024-20
C

REVIEW AND UPDATE PERSONAL INFORMATION.

I have completed this step.

[View History](#)

1. Sub Letter of Reasonable Assurance 24-25
2. **UPDATE CONTACT INFORMATION**

Employee Information

[Request Changes](#)

Name

Former Name: Conf.

Phone

Phone 1: Ext: PCat: Type:

Phone 2: Ext: PCat: Type:

Phone 3: Ext: PCat: Type:

1st Email: Type:

2nd Email: Type:

3rd Email: Type:

4th Email: Type:

All Emails Confidential?

Race and Ethnicity

- Ethnicity: Hispanic/Latino?
- Federal Race: 1-American Indian or Alaskan Native
 2-Asian
 3-Black or African American
 4-Native Hawaiian or Other Pacific Islander
 5-White

Review your contact information and click the **Request Changes** button if updates are needed.

Click the box next to "I have completed this step." to complete step 2.

Click the **Next** button.

Step 2 of 5

[Previous](#) [Next](#)

[Close and Finish Later](#)

3. UPDATE ADDRESS

REVIEW AND UPDATE ADDRESS.

I have completed this step.

[View History](#)

- 1. Sub Letter of Reasonable Assurance 24-25
- 2. UPDATE CONTACT INFORMATION

Address

Primary/Mailing Address Conf: Yes

Primary

207 BLOOMFIELD AVENUE
WEST CALDWELL, NJ 07006

[Request Changes](#)

Mailing

[Request Changes](#)

Review your address and click the **Request Changes** button if updates are needed.

Click the box next to "I have completed this step." to complete step 3.

Click the **Next** button.

Step 3 of 5

[Previous](#)

[Next](#)

[Close and Finish Later](#)

4. UPDATE EMERGENCY CONTACT

REVIEW AND UPDATE EMERGENCY CONTACT INFORMATION.

I have completed this step.

- 1. Sub Letter of Reasonable Assurance 24-25
- 2. UPDATE CONTACT INFORMATION

Views: **General** Filters: ***Skyward Default**



Add
Edit

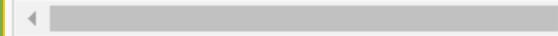
Seq # ▲	Contact Name	Rel	Primary Phone	Second Phone	Third
01	FOLSOM, FRANCES	SPO	(817) 907-2224		

Review your emergency contacts and use the **Add/Edit/Delete** buttons if updates are needed.

Click the box next to "I have completed this step." to complete step 4.

Click the **Next** button.

**If you add a new emergency contact you only need to include a first name, last name, and phone number.



20 1 records displayed

Sequence #:

Sub LORA 2024-2025
C

5. Complete Online Form

When you have completed this online form, check the I have completed this online form.

Step	Status	Last Accessed	Completed by
1. Sub Letter of Reasonable Assurance 24-25	Completed	03/21/2024 2:32 PM	BRUBAKER HEATHER MASON
2. UPDATE CONTACT INFORMATION	Completed	03/21/2024 2:32 PM	BRUBAKER HEATHER MA
3. UPDATE ADDRESS	Completed	03/21/2024 2:32 PM	BRUBAKER HEATHER MA
4. UPDATE EMERGENCY CONTACT	Completed	03/21/2024 2:32 PM	BRUBAKER HEATHER MA

- 1. ✓ Sub Letter of Reasonable Assurance 24-25
- 2. ✓ UPDATE CONTACT

I have completed this online form.

Click the box to complete the online form.

This box will not appear until you have completed the first 4 steps.

Click the **Finish** button.

You will receive a confirmation email once you have successfully completed the signature process.