



**ASCENDER®**  
ELEVATING TECHNOLOGY SOLUTIONS

**ASCENDER 11.0300**

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# ASCENDER 11.0300

**Release Date:** 11/6/2025 **ASCENDER Update:** 11.0300

## Personnel > Maintenance > Staff Demo > Responsibility

☐ Corrected the following known issue that was previously identified in 11.0210: *A known issue may cause -6 errors during TSDS extraction if responsibility records are submitted and then changes are made to the **Campus**, **Staff Classification**, and/or **Begin Date**.*

☐ Modified the program so that when changes are made to the following key fields in a responsibility record, the original record is deleted and a new record is inserted to reflect the change. This will assist the with data management required for TSDS staging tables.

- **Campus**
- **Role ID**
- **Begin Date**

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## Personnel > Reports > Personnel Reports > HRS1250 - Employee Data Listing

☐ Added the **TRA Years Experience** section from the Personnel > Maintenance > Employment Info page to the report.

| Date Run: 10-27-2025 9:14 AM<br>Cnty Dist: 001-906   |  | Employee Data Listing<br>TEXAS ISD                  |                              | Program: HRS1250<br>Page: 1 of 1<br>Frequency: 5  |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
|--|--|---|------------------------------|---|-----------|--|--|--|------------------------------|--|-----------------------------|-----------------------------|------------------------------|--|-----------------------------|-----------------------------|------------------------------|---|--|---|--|----------|------|------|-----|-----|------|--------|--|--|--|--|--|--|--|
| Emp Nbr: 000001    Emp Name: AARON, A M  |  |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| <b>Payroll Name &amp; Primary Address</b>  |  | <b>Former Name &amp; Alternate Address</b>          |                              | <b>Primary Campus: 001 - 001 School</b>   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Last: AARON  |  | Last:   |                              | Payroll Campus: 001 - 001 School  |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| First: A   |  | First:  |                              | Info Restrict: N    Gender: F - Female  |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Middle: M  |  | Middle:   |                              | Restrict Public: A    Marital Stat: M - Married   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Title:    Gen:   |  | Title:    Gen:                                      |                              | Local Area 1: TEACHER    Birth Date: 09-23-1960   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Street: 31430 FM 117   |  | Street: 1974    CR 7710                             |                              | Local Area 2:    Last Chg: 05-29-2006   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| City/St: Alamo City, TX  |  | City/St: Alamo City, TX                             |                              | Drivers Lic#:    TX   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Zip Cd: 46119  |  | Zip Cd: 46112                                       |                              | DL Expir Date:    Deceased: N   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Country:   |  |   |                              | TRS Beg. Dt: 08-01-1986    Citizen: Y   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Phone: (555) 264-9794    Cell: ( )   |  | Bus Ph: (555) 319-6515    Bus Ext:                  |                              | Hispanio/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/>  |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Wk E-mail:   |  | Hm E-mail:  |                              | Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/>    |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Supplemental Address:  |  |   |                              | White <input type="checkbox"/> Native Hawaiian/Other Pacific Isl <input type="checkbox"/> |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Country:   |  |   |                              | Bilingual:  |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Delivery Name:   |  |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Emergency Contact:   |  | Relation:   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Phone: ( )    Ext:   |  |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Emergency Notes:   |  |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| <b>Personnel Information</b>   |  |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Employee Status: 4 - Resigned  |  | Original Emp.Date: 08-25-1986                       |                              | Primary Job Code: 0663 - VAC STUDENT CUSTODIAN  |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Highest Degree: 1 - Bachelor's   |  | Latest Reemploy Date:                               |                              | Primary EEOC:   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Percent Day Employed: 0%   |  | Retirement Date:                                    |                              | Percent Assign: 100%  |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Eligible for Rehire: <input checked="" type="checkbox"/>   |  | Take Retiree Surcharge: <input type="checkbox"/>    |                              | Paraprofessional Certification: <input type="checkbox"/>                                  |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Extract ID: SEP - 10 MONTH   |  | NY Take Retiree Surcharge: <input type="checkbox"/> |                              | Paraprofessional Cert Effective Date:   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| W-2 Elec Consent:  |  | Year Round: <input type="checkbox"/>                |                              | Employment Type:  |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| 1095 Elec Consent:   |  | ERS Retiree Health Elig: <input type="checkbox"/>   |                              | Retiree Employment Type:  |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
|  |  |   |                              | NY ERS Retiree Health Elig: <input type="checkbox"/>                                      |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| <b>Experience</b>  |  | <b>Contract Information</b>                         |                              | <b>Extended Leave</b>   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Professional</th> <th>Non-Professional</th> </tr> </thead> <tbody> <tr> <td>Total: 20</td> <td>Total: 01</td> </tr> <tr> <td>In District: 19</td> <td>In District: 01</td> </tr> <tr> <td>Creditable Year of Service: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Grade(s) Taught: 9-12</td> <td></td> </tr> <tr> <td>Yrs Prior Teaching: 0</td> <td></td> </tr> </tbody> </table>  |  | Professional  | Non-Professional             | Total: 20   | Total: 01 | In District: 19                        | In District: 01                        | Creditable Year of Service: <input type="checkbox"/> |                              | Grade(s) Taught: 9-12                  |                             | Yrs Prior Teaching: 0       |                              | Class:<br>Term:<br>Year:<br>Begin: 08-10-2005<br>End: 05-26-2006 |                             | Begin:<br>End:              |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Professional   | Non-Professional                       |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Total: 20  | Total: 01                              |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| In District: 19  | In District: 01                        |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Creditable Year of Service: <input type="checkbox"/>   |  |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Grade(s) Taught: 9-12  |  |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Yrs Prior Teaching: 0  |  |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
|  |  |   |                              | Date: 05-26-2006<br>Reason: 01<br>Full Semester: <input type="checkbox"/>                 |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| <b>Unemployment Eligibility</b>  |  | <b>Fingerprint Information</b>                      |                              | <b>Estimated Annual Salary (Hourly Employees Only)</b>                                    |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> </tr> </thead> <tbody> <tr> <td>1: <input checked="" type="checkbox"/></td> <td>4: <input checked="" type="checkbox"/></td> <td>7: <input type="checkbox"/></td> <td>10: <input type="checkbox"/></td> </tr> <tr> <td>2: <input checked="" type="checkbox"/></td> <td>5: <input type="checkbox"/></td> <td>8: <input type="checkbox"/></td> <td>11: <input type="checkbox"/></td> </tr> <tr> <td>3: <input checked="" type="checkbox"/></td> <td>6: <input type="checkbox"/></td> <td>9: <input type="checkbox"/></td> <td>12: <input type="checkbox"/></td> </tr> </tbody> </table> |  | Qtr 1   | Qtr 2                        | Qtr 3   | Qtr 4     | 1: <input checked="" type="checkbox"/> | 4: <input checked="" type="checkbox"/> | 7: <input type="checkbox"/>                          | 10: <input type="checkbox"/> | 2: <input checked="" type="checkbox"/> | 5: <input type="checkbox"/> | 8: <input type="checkbox"/> | 11: <input type="checkbox"/> | 3: <input checked="" type="checkbox"/>                           | 6: <input type="checkbox"/> | 9: <input type="checkbox"/> | 12: <input type="checkbox"/> | Status: N - Not extracted<br>Date Extracted:<br>Fingerprint Date: |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Activity</th> <th>Fund</th> <th>Func</th> <th>Obj</th> <th>Org</th> <th>Prog</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td colspan="7" style="height: 20px;"></td> </tr> </tbody> </table> |  | Activity | Fund | Func | Obj | Org | Prog | Amount |  |  |  |  |  |  |  |
| Qtr 1  | Qtr 2                                  | Qtr 3   | Qtr 4                        |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| 1: <input checked="" type="checkbox"/>   | 4: <input checked="" type="checkbox"/> | 7: <input type="checkbox"/>                         | 10: <input type="checkbox"/> |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| 2: <input checked="" type="checkbox"/>   | 5: <input type="checkbox"/>            | 8: <input type="checkbox"/>                         | 11: <input type="checkbox"/> |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| 3: <input checked="" type="checkbox"/>   | 6: <input type="checkbox"/>            | 9: <input type="checkbox"/>                         | 12: <input type="checkbox"/> |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| Activity   | Fund                                   | Func  | Obj                          | Org   | Prog      | Amount                                 |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
|  |  |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| <b>TRA Years Experience</b>  |  |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| TRA Teaching Experience: 0   |  |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |
| TRA Eligibility: <input type="checkbox"/>  |  |   |                              |   |           |  |  |  |                              |  |                             |                             |                              |  |                             |                             |                              |   |  |   |  |          |      |      |     |     |      |        |  |  |  |  |  |  |  |



## **Back Cover**