To: John Martin, Superintendent, and HISD Board

From: Doug Childs, HHS Assistant Principal

Date: July 20, 2026

Subject: Personal Service Performance Request

Mr. Martin and Board Members,

Due to my previous supervision of school safety and security at East Texas Charter Schools, Superintendent Terry Lapic has requested that I maintain a contract work relationship with ETCS through the end of their current District Vulnerability Assessment cycle.

All work would be performed on my personal time and would not conflict with any of my duties or responsibilities at Hallsville ISD.

I appreciate your time and consideration of this matter.

Thank you,

Doug Childs

ADMINISTRATOR PERSONAL SERVICES CONTRACT

Texas Education Code 11.006 and Board Policy DBD (LOCAL)/DBD (LEGAL)

This form describes personal services to be performed by a district administrator for another school district, open-enrollment charter school, regional education service center, or education business, as required by Education Code 11.006(c)(1). It must be provided to the Board of Trustees of the administrator's employing district and approved by Board vote before the administrator receives any payment for the services described below.

1. Parties

Administrator name:
Doug Childs

Position/title with employing district:
Assistant Principal, Hallsville High School

Employing district:
Hallsville ISD

Other entity receiving services (school district, charter school, education service center, or education business):
East Texas Charter School

2. Description of Services

Describe the specific services to be performed, including the nature of the work, deliverables, and any deadlines.

Documentation and technology support related to the District Vulnerability Assessment.

3. Term and Schedule

Start date:
8/24/26

End date/completion date:
11/27/26

[✓] Confirmed: all services will be performed entirely on the administrator's personal time, outside regular working hours and duties with the district.

4. Compensation

Compensation to be paid to the administrator by the other entity:
$4,500 total

Method and schedule of payment:
Direct deposit, monthly

5. Administrator Certification

I certify that the information above is accurate and complete, and that I will perform the described services entirely on my personal time and in a manner that does not interfere with my duties and responsibilities to the district.

Administrator signature: Doug Childs Date: 8/6/26

6. Superintendent Review

Submitted to the Superintendent for review prior to placement on a Board of Trustees meeting agenda, per DBD (LOCAL).

Superintendent signature: _____ Date: _____

7. Board of Trustees Determination

Before this contract may be approved, the Board must determine each of the following, per Education Code 11.006(c)(2):

[ ] The contract will not harm the district.

[ ] The arrangement does not present a conflict of interest.

[ ] The services will be performed entirely on the administrator's personal time.

Board meeting date: _____ Vote: [ ] Approved [ ] Denied

Board president: _____ Date: _____