

RETURNING CLASSIFIED SUBSTITUTE DATA SHEET

NAME: _____
Last First MI

MAILING ADDRESS: _____

CITY / ZIP CODE: _____

PHONE NUMBER: For the Substitute Call List (_____) OTHER PHONE: (_____) _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____ PHONE: (_____) _____

Please select your preferences below. We will do our best to accommodate your preferences, but we appreciate your flexibility when needed.	
CIRCLE ALL DAYS YOU ARE AVAILABLE TO WORK IN THE 2023/24 SCHOOL YEAR: Monday Tuesday Wednesday Thursday Friday	
CHECK ALL PROGRAMS YOU ARE INTERESTED IN WORKING:	
<input type="checkbox"/> Special Education Paraeducator - \$19.50/hr	<input type="checkbox"/> Child Development Assistant Teacher - \$19.85/hr
PLEASE LIST ANY OTHER RESTRICTIONS/PREFERENCES: _____	
Would you like your paycheck mailed to your home address or held for pick-up at our main office? <input type="checkbox"/> MAILED <input type="checkbox"/> PICKUP	

The following forms must be returned to Human Resources in order to continue as a classified substitute teaching assistant:

- Substitute Data Sheet (this form)
- Reasonable Assurance Form
- PSW Mandated Reporter Training Certification of Completion
- COVID Certification

Office Use Only

- Date Packet Received _____
- Termination reason _____
- Termination date _____

The foregoing is true and accurate to the best of my knowledge. I have been given access to the legal mandates and understand my responsibilities of a substitute teaching assistant including but not limited to Bloodborne Pathogens Awareness and Mandated Child Abuse Reporting.

Signature

Date