

NEVADA COUNTY SUBSTITUTE TEACHER DATA SHEET

NAME: _____
Last First MI
PERMANENT ADDRESS: _____
MAILING ADDRESS: _____
CITY / ZIP CODE: _____
PHONE NUMBER: For the Substitute Call List _____ OTHER PHONE: _____
EMAIL ADDRESS: _____
EMERGENCY CONTACT: _____ PHONE: () _____

Are you currently a member of the Public Employees' Retirement System (PERS)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently a member of the State Teachers' Retirement System (STRS)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you receiving a monthly retirement payment or monthly disability payment from STRS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF RETIRED, SCHOOL, ADDRESS & DATE LAST WORKED: _____		
RETIREES: Have you received either of the retirement incentive programs under AB 1207? (Golden Handshake 2+0 or 2+2 – additional two years' service credit or additional two years + two years of age)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Bring the following to the New Sub Orientation

- New Substitute Data Sheet (this form)
- Completed Live Scan Form
- TB Certificate
- Credential / Permit
- Mandated Child Abuse Reporter Certificate
- I-9 Form w/original forms of ID (check p. 9 for acceptable documents)
- Direct Deposit Form w/ VOIDED Check
- Oath of Office
- Policy Signoff
- Reasonable Assurance Form
- STRS Permissive Membership Form
- Social Security Form
- W-4/DE-4 Form
- Confidentiality Agreement
- STEDI Diploma (required for 30-day sub permit holders only)

Office Use Only	
<input type="checkbox"/> Date Packet Received _____	
<input type="checkbox"/> LiveScan Clearance Received _____	
<input type="checkbox"/> TB Certificate Expiration _____	
<input type="checkbox"/> Credential /Permit Expiration _____	
<input type="checkbox"/> MCAR Certificate Date: _____	
<input type="checkbox"/> I-9 IDs received:	<input type="checkbox"/> Passport <input type="checkbox"/> Driver's license <input type="checkbox"/> Soc Sec Card
Column A OR	
Column B & C	
<input type="checkbox"/> STEDI Diploma Date _____	
<input type="checkbox"/> Direct Deposit Form w/ VOIDED Check _____	
<input type="checkbox"/> Oath of Office _____	
<input type="checkbox"/> Policy Signoff _____	
<input type="checkbox"/> Reasonable Assurance _____	
<input type="checkbox"/> STRS / CALPERS (if applicable) _____	
<input type="checkbox"/> Social Security Form _____	
<input type="checkbox"/> W-4/DE-4 Form _____	
<input type="checkbox"/> Confidentiality Agreement _____	

The foregoing is true and accurate to the best of my knowledge and currently meets the necessary requirements for substitute teaching within western Nevada County schools. I have been given access to the legal mandates and understand my responsibilities of a substitute teacher including but not limited to Mandated Child Abuse Reporting. I also understand that it is my responsibility to keep current on my California teaching credential/permit and that I may be removed from the substitute list if my credential/permit expires.

Signature Date