

NAME: _____

CURRENT ADDRESS: _____

PHONE NUMBER(S): _____ EMAIL: _____

NON-TEACHING SUBSTITUTE AVAILABILITY

Please mark all that apply:

Elementary School

AM 8:30-11:30 _____
PM 11:30-3:30 _____
Full 8:30-3:30 _____

Middle School

AM 7:30-10:30 _____
PM 10:30-2:30 _____
Full 7:30-2:30 _____

High School

AM 7:30-10:30 _____
PM 10:30-2:30 _____
Full 7:30-2:30 _____

School Year

All _____
September _____
October _____
November _____
December _____
January _____
February _____
March _____
April _____
May _____
June _____

Days

All _____
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

Please circle the area(s) in which you are willing to sub:

TA/CLASSROOM AIDE

CAFÉ/RECESS AIDE

COURIER

FOOD SERVICE

BUS DRIVER

BUS AIDE

CUSTODIAL/GROUNDS

CLERICAL

SECURITY