



Human Resources

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ADDENDUM TO CERTIFICATED EMPLOYMENT APPLICATION FOR CERTIFICATED SUBSTITUTE EMPLOYMENT

Instructions: Complete this form and attach to your substitute application. Your substitute application will be considered incomplete without this form.

Last Name

First Name

Middle

Email Address

Phone number that you will answer in the evening and early morning

1. I will substitute in the following assignments for which I am qualified, if offered:

☐ General Education Classes in any grade **OR** specific grades (please list)

☐ Special Education Classes in any grade **OR** specific grades (please list)

2. I am available to work on – ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

3. I will substitute in any of the district's schools. ☐ Yes ☐ No

If **no**, list the school(s) in which you **do not** wish to work:

4. I am a retired teacher.

☐ Yes ☐ No

5. I am also a substitute teacher in the following districts:

Comments: