



SUBSTITUTE TEACHER REQUISITION

Westbury UFSD

1. Last Name, First Name M.I. 		2. Primary Telephone No. (_ _ _) _ _ _ - _ _ _ _ _		3. Alternate Telephone No. (_ _ _) _ _ _ - _ _ _ _ _		
4. Social Security Account Number _ _ _ - _ _ - _ _ _ _ _		5. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	6. Are you now receiving or have you applied for Unemployment Insurance Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Highest Grade Completed: 	
7. Address 			10. Retirement System # 			
8. City State Zip		If Yes, UI office: 				11. Other districts substituting in
12. Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Area of Certification, Grade(s) and/Subject(s): 				16. E-mail Address: <hr style="border: 0; border-top: 1px solid black;"/>	
14. Additional information (other areas of expertise, languages spoken, etc.) 						
15. I certify that the preceding information is true and correct to the best of my knowledge. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black;"/> <p>Signature</p> </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black;"/> <p>Date</p> </div> </div>						
Please Return This Form To: <div style="text-align: center;"> Westbury Union Free School District 2 Hitchcock Lane Old Westbury, NY 11568 Att: Human Resources </div>						

(For Office Use Only)
Checklist

Employment Application:	_____		
Resume:	_____	Certified:	_____
Bachelor's degree only:	____	40 days:	____
Enrolled in Program (circle):	<u>Yes</u>	<u>No</u>	
Received TRS:	_____		
Two forms of identification:	_____		
Fingerprint clearance:	_____		
Met with Personnel:	_____		
Reference checked:	_____		
Placed on Agenda:	_____		
Restrictions:	_____		