



THE STATE EDUCATION DEPARTMENT
THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

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Waiver for Extension of a Substitute Teacher Without Valid Teaching Certification

Please check one: **More than 40 days** **More than 90 days**

District: _____

Superintendent: _____

Name of Teacher: _____

Address of Teacher: _____

Subject/Content Area: _____

Please explain the cause of the vacancy and when the vacancy occurred. Please include whether it was as a result of a retirement, resignation or a new position:

Specific reasons why there is a need for the services of this position:

Specific reasons why the employment of this particular candidate is in the best educational interests of the district or board:

What specific steps did the District take to recruit a certified candidate and how did the District locate this applicant if it was not through the recruitment process. Please include information on the number of candidates that applied for the position and indicate if any were certified. For each certified person that applied, list why they were not selected. If no certified persons applied, just state so.

List the newspapers and/or online resources in which the job advertisement was placed to fill this position. Please attach copies of newspaper ads, online job listings and district staff posting as documentation of the ads/postings.

Please box

The District has undertaken a good faith recruitment search for a properly certified candidate and has determined no certified candidate can be found. The candidate has been fingerprinted.

The District verifies that the applicant will participate in all applicable professional development as prescribed in the District's professional development plan during their teaching assignment. This includes, but is not limited to, classroom management, cultural competency, linguistic competency, understanding the needs of ELL students, working with children with special needs and best practice pedagogy.

Superintendent Signature: _____

Date: _____

District Superintendent Signature: _____

Date: _____