Pittsburgh Public Schools
Expect great things.

Pittsburgh Public Schools:
Office of Information and Technology
412-529-HELP (4357)
Email support@pghschools.org

# Substitute Account Request Form

This form is intended only for a Substitute in need of an eSchoolPLUS TAC account at their current placement. Adding a substitute to eSchoolPLUS TAC will also give them access to educational applications including iLit, iRead, SRI, Read 180, Math 180, SMI, Edmentum, Performance Matters, and Edgenuity at his/her current placement. **Please note that it may take up to one week to provide the substitute with access to the requested system.**

Please follow the below steps:

1. Print or type all information and be sure to complete this form in its entirety.
    a. **Start Date of Access** - Enter the date you need the substitute to begin to receive access.
    b. **End Date of Access** – Enter the date your permanent teacher will be returning to work
    c. **Reason for Access –** List the reason the substitute needs access
2. Email the completed form **as a PDF** to support@pghschool.org

Once the form is completed and emailed to support@pghschools.org, the Help Desk will create a ticket on behalf of the principal and forward the request to the Technology Department to provide access to eSchoolPLUS TAC. Once the substitute is added to eSchoolPLUS TAC the principal will receive notification.

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**Substitute First Name:** _____

**Substitute Last Name:**_____

**What type of position is the sub covering?**
☐ Teacher ☐ Counselor ☐ Paraprofessional ☐ Other (please specify)_____

**Substitute For:** ***(Who is the sub in for?)*** _____
☐ Check here if the position is a vacancy that has not been filled yet.

**School Building:**_____

**Start Date of Access:** _____ **End Date of Access:** _____

**Reason for Access:**
*I accept responsibility for any actions taken within this system and understand that the use of this service represents the district at all times. Furthermore, I understand that by being granted access to PPS systems, I agree to the PPS Acceptable Use Policy.*

**Substitute Signature:** _____

**Date:**_____ **Substitute Phone:**_____

**Supervisor/Principal Signature:**_____

**Date:**_____ **Substitute Phone:**_____