

DARKE COUNTY EDUCATIONAL SERVICE CENTER  
 SUBSTITUTE PROFILE SHEET  
 Entry/Removal/Change  
 Checklist

_____	_____
File Initiated	QuickStart Guide (Abs/Mobile)
_____	_____
State (BCI) Check (rec'd)	Cancellation Procedures
_____	_____
National (FBI) Check (rec'd)	Copy of License
_____	_____
Instruction for OH/ID; Manual	Records Completed
_____	_____
Contract	Fraud Training
_____	_____
Handbook	<b>2024-2025</b>
	<b>School Year</b>

Substitute please complete information between dotted lines.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Lic. ID \_\_\_\_\_

Email \_\_\_\_\_

License Type \_\_\_\_\_ Expiration \_\_\_\_\_

Please select the districts that you would like to sub in.

	AB EL		FM EL		MV EL		TV EL		BD EL		AN EL		Anthony Wayne PreK
	AB MS/HS		FM MS/HS		MV MS/HS		TV MS/HS		BD MS/HS		AN MS/HS		Sp. Ed Units

**SUBSTITUTE CHANGES**

Office Use Only: Emailed to District \_\_\_\_\_ Entered in AESOP: \_\_\_\_\_

Mailed AESOP Welcome Letter \_\_\_\_\_