



UNIFIED SCHOOL DISTRICT 506  
401 S. HIGH SCHOOL ST.  
ALTAMONT, KS 67330  
PHONE: (620)784-5326  
FAX: (620)784-5879

June 16, 2025

Dear Substitute,

If you are interested in substituting at USD 506 for the 2025–2026 school year, please make sure your renewal paperwork has been turned in to the District Office by **August 15th**. If you do not meet the deadline, we accept substitute applications at each month's board meeting, and you will be placed on the following month's agenda.

The necessary paperwork for renewal is an updated **Substitute Information Form**, and a copy of your **current substitute/teaching license on file** at the District Office. If you are unsure whether or not your license is still current, please contact the District Office and they will let you know the expiration date. I have enclosed the Substitute Information Sheet with this letter. Please complete the form and return to Shane Holtzman either by email at [sholtzman@usd506.org](mailto:sholtzman@usd506.org) or by sending the form to the District Office.

To provide our staff with consistent training, and to make the transition from teacher to teacher and school to school easier for substitutes, we are also requiring all returning substitute teachers to attend one or two training dates. If you do not participate in annual training, you will not be approved for substituting. Please RSVP, so we will know how many plans to attend each session.

Tuesday August 12th 10:00am – 11:00am LCHS | Cafeteria

Thursday August 14th 1:00pm – 2:00pm LCHS | Cafeteria

Items discussed in the training sessions include Civil Right/Nondiscrimination Training, Confidentiality, Safety Protocols, Office Equipment, Employee Handbook, ESI Training, Frontline, and many more items. Furthermore, all necessary training will be covered during this time. This will also be an excellent time to ask any questions about day to day substitute items, from where to park and procedure for checking in, to “where do I get my paycheck?” We hope this additional training will be beneficial to everyone and ensure a successful learning environment for our students! We look forward to seeing you at training!

Yours in Education,

Shane Holtzman  
Asst. Superintendent USD 506  
[sholtzman@usd506.org](mailto:sholtzman@usd506.org)

EN: Substitute Information Form

# **SUBSTITUTE CLASSROOM INSTRUCTOR**

## Job Description

**Purpose:** The Substitute Classroom instructor creates a positive learning environment to facilitate the personal, social, and intellectual development of students in the absence of the regular instructor. In order to respond to the individual needs and abilities of students, the Substitute Instructor must work closely with other staff and the administration of USD 506.

**Reports to:** Building Principal

**Payment Rate:** As established by the Board of Education (\$110 a day, rate as of July 2023)

### **Qualification:**

1. High school diploma or equivalent
2. Current Kansas certification as necessary for substitute teacher on file in the District Office
3. Desire to continue career improvement

### **Essential Functions**

1. Facilitate the personal, social, and intellectual development of students.
2. Maintain a positive learning environment and respond to the individual needs of students.
3. Ensure that all activities conform to district guidelines
4. Communicate effectively with members of the school district and community
5. Work effectively with community organizations
6. React to change productively and handle other tasks as assigned.
7. Support the value of an education
8. Support the philosophy and mission of USD 506

### **Physical Requirements/Environmental Conditions**

1. Requires prolonged sitting or standing
2. Occasionally requires physical exertion to manually move, lift, carry, pull or push heavy objects or materials.
3. Occasionally stooping, bending and reaching
4. Must work indoors and outdoors year round
5. Must work in noisy and crowded environments

## **General Requirements**

- 1.** Implement effective lessons in the absence of the regular Instructor.
- 2.** Motivate students through effective communication and evaluate feedback.
- 3.** Demonstrate awareness of the needs of students and provide for individual differences
- 4.** Set high expectations for student achievement and behavior
- 5.** Establish and maintain a positive climate for learning through appropriate classroom management
- 6.** See that district policies are observed during all activities
- 7.** Adhere to all district health and safety policies, including all precautions of the Bloodborne Pathogens Exposure Control Plan.
- 8.** Other duties as assigned by the Building Principal.



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## **SUBSTITUTE TEACHER PACKET AND TRAINING**

Substitute teachers are required to complete annual training PRIOR to Board approval for hire. This training is done in two parts, online and face-to-face.

**Online Training:** This portion takes approximately two hours to complete. To complete this:

1. Go to <https://www.greenbush.org/>.
2. Hover over Educator Professional Development and under 'Tools and Resources' click on **Annual Required Trainings**.
3. Please review the information and take the quizzes in the following sections:
  - a. Bloodborne Pathogens (Please also read the attached handbook excerpt and sign the consent form)
  - b. Bullying Awareness and Prevention (Please also read the attached handbook excerpt)
  - c. Emergency Safety Interventions (ESI)
  - d. FERPA/HIPAA
  - e. Education for the Homeless (Title IX)
  - f. Sexual Harassment (Title IX)
  - g. Suicide Awareness and Prevention
4. Once training is completed, Click 'Submit Form for Completion', and complete the form.
  - a. In Question 2 on this form, please enter [sholtzman@usd506.org](mailto:sholtzman@usd506.org) in order for results to be sent to USD 506.

**Face-to-Face Training:** (Tuesday, Aug. 12th @ 10:00am and Thursday, Aug. 14th @ 1:00pm)

This portion can be arranged by contacting Mr. Holtzman to schedule an appointment via email (listed below) or via phone at 620-784-5326. This will take approximately 20 minutes to complete.

Please return the following items in-person, via fax, mail or email:

1. USD 506 Employee Application
2. Substitute Information
3. Direct Deposit Agreement

4. Ethnicity Survey
5. Blood Borne Pathogens Consent Form
6. K-4 Form
7. W-4 Form
8. I-9 Form
9. 2 Forms of identification (Passport, Driver's License Social Security Card, Birth Certificate)
10. Substitute/ Teaching License

Once training and paperwork are complete, you will be added to the Board of Education agenda to be approved. Board meetings are held on the second Monday of the month, and all items must be received one week prior to be placed on the agenda.

After approval, the Technology Department will be contacting you with instructions to access your USD 506 email account and AESOP, our automated substitute notification system.

**Mr. Shane Holtzman**

Assistant Superintendent, USD 506

P.O. Box 189

Altamont, KS 67330

Fax: 620-784-5879

Email: [sholtzman@usd506.org](mailto:sholtzman@usd506.org)

**EMPLOYEE APPLICATION**  
**Labette County Unified School District 506**  
**PO Box 188, Altamont, KS 67330**  
**620-784-5326**

Position applying for \_\_\_\_\_ Date \_\_\_\_\_

Name in full \_\_\_\_\_ Soc. Sec# \_\_\_\_\_

Address \_\_\_\_\_

Telephone & time you can be reached \_\_\_\_\_

**Give full and accurate data regarding your educational & professional training**

	Name of Institution	Degree/ Diploma / Major	Credits
High School			
College			
Special			

**Give full and accurate data regarding your educational & professional training**

Name & Address of Employer	Type of Work / Dates of Employment / Full or Part-time

**Give 4 references that have first-hand knowledge of your character, personality, ability, & work experience.**

Name	Mailing Address Official Position Phone Number

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Have you read the job description for this position? Circle (Y/N)  
Are you able to perform the essential functions of this position with or without reasonable accommodation? Circle (Y/N) if no, explain: \_\_\_\_\_  
\_\_\_\_\_

Responsibilities connected with your present or last position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving your present or last position: \_\_\_\_\_  
\_\_\_\_\_

When could you begin work here? \_\_\_\_\_  
Have you ever been convicted of a felony? Circle (Y/N) If yes, please explain by confidential letter.

"I certify that all of the information provided by me in this application is true and complete. I understand that any misstatement or omission of information is grounds for refusal to hire, or if I am hired and the same is discovered thereafter termination of employment. I authorize any of the persons or organizations referenced in this application to give you any information concerning my previous employment, education, or any other information, personal, or otherwise, with regard to any of the subjects covered by this application and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party. I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from doing so. I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such an investigation and I release you from all liability for any damages that may result from your doing so."

DATE \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**THE FOLLOWING APPLIES TO BUS DRIVER APPLICANTS ONLY AND  
MUST BE COMPLETED BY ANY DRIVER APPLICANT**

Name as it appears on driver's license \_\_\_\_\_  
Address as it appears on driver's license \_\_\_\_\_  
Driver's license number \_\_\_\_\_ Birth Date \_\_\_\_\_

I have never been convicted of a felony or class A, B, or C misdemeanor. I have not within the past 3 years been convicted of hit & run driving, driving while intoxicated or under the influence of drugs, vehicular homicide, or reckless driving, nor had an operator's license revoked. I hereby give consent to USD 506 to obtain and to my previous employer(s) to release to USD 506 drug and alcohol testing information for the 2 years prior to date below.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

applicant for a position without regard to race, color, religion, age, sex, disability, ancestry, or national origin.

**SUBSTITUTE INFORMATION FORM**



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FAX: (620)784-5879

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (*Will be your Frontline Username*): \_\_\_\_\_

Desired Frontline Pin (*Will be your password, 4 digits*): \_\_\_\_\_

Email: \_\_\_\_\_

THE FOLLOWING DESCRIBES MY CERTIFICATION (Check one)

\_\_\_\_\_ Certified Teacher

\_\_\_\_\_ Certified Substitute

\_\_\_\_\_ Emergency Certificate (Must have at least 60 college credits)

IF CERTIFIED, PLEASE LIST SUBJECTS AND GRADE LEVELS YOU ARE CERTIFIED TO TEACH:

\_\_\_\_\_  
\_\_\_\_\_

I AM INTERESTED IN SUBSTITUTING AT:

Full District

Labette County High School

Altamont Grade School

Bartlett Grade School

Edna Grade School

Meadow View Grade School

Mound Valley Grade School

PLEASE LIST ANY OTHER INFORMATION YOU WOULD LIKE TO SUBMIT:

\_\_\_\_\_  
\_\_\_\_\_

**LABETTE COUNTY USD 506  
DIRECT DEPOSIT AGREEMENT**

Authorization Agreement for Automated Deposits (ACH Credits)

I hereby authorize Labette County USD 506 hereinafter called company to initiate credit entries to my ( ) checking or ( ) savings account indicated below and the depository name below, hereinafter called Depository, to credit the same such account.

Check one: I am not currently participating in the Direct Deposit Program ( ) ADD - Deposit my pay to the account shown\*

I am currently participating the the Direct Deposit Program  
( ) CHANGE - Change my financial institution and/or account number\* ( ) CANCEL - Stop my participation in the program

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

This authority is to remain in full force and effect until Company has received written notice from me of its termination in such a time and in such a manner as to afford Company and Depository a reasonable opportunity to act on it.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ S.S. No. \_\_\_\_\_

\*Due to the time required for Company and bank processing, allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.

**IMPORTANT! NOTE TYPE OF ACCOUNT: ( ) CHECKING ( ) SAVINGS**

**TAPE YOUR VOIDED CHECK OR DEPOSIT SLIP HERE**

## Ethnicity Survey

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please answer BOTH part A & B

Part A **Are you Hispanic/Latino?** (*Choose only one*) No, not

Hispanic/Latino

Yes, Hispanic/Latino (Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Part B **What is your race?** (*Choose one or more*)

\_\_\_\_\_ **American Indian or Alaska Native** (Person having origins in any of the original peoples of North, South, or Central America, and who maintains tribal affiliation or community attachment)

\_\_\_\_\_ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

\_\_\_\_\_ **Black or African American** (A person having origins in any of the original native peoples of Africa)

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

\_\_\_\_\_ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Blood Borne Pathogens

The Exposure control Plan adopted by USD 506 to meet school compliance with federal regulations concerning Blood Borne Pathogens is available for review during working hours at each principal's office & the district office. The purpose of the exposure control plan is to protect employees from coming in contact with another person's blood & thus creating the risk of becoming infected with HBV or HIV.

Blood Borne Pathogens are pathogenic microorganisms present in human blood that can cause disease in humans. They include, but are not limited to, hepatitis B (HBV) which can

damage the liver, & human immunodeficiency virus (HIV) which damages the immune system. The mode of transmission for both HBV & HIV is blood, semen, & vaginal fluid. Transmission is by blood exposure to mucous membranes & open wounds, transfusion of contaminated blood or blood products, contaminated needles, & sexual contact.

The key to prevention in the school setting is universal precautions for both HBV & HIV & by vaccination for HBV for persons at risk of exposure. Universal precautions are a method of infection control in which all human blood & other potentially infectious materials are treated as if known to be infectious for HIV & HBV. Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomit unless they contain visible blood. Hand washing is the key to universal precautions. Wash before: drinking, eating or smoking; handling clean utensils, equipment or food; putting on gloves; going to the bathroom. Wash after: going to the bathroom; contact with any body secretions; handling soiled or contaminated diapers, clothing, or equipment; caring for children; removing disposable gloves.

Gloves are needed when: direct hand contact with body fluids is anticipated; cleaning up body fluid spills; diapering; changing wound dressings; the first aid giver has an open wound on their hands; handling contaminated items ( exercise mats, tissues, etc.). Disposable, non-sterile latex gloves should be discarded after each use. Utility gloves may be decontaminated & reused if intact.

### **FIRST AID INCIDENTS**

1. Let injured persons help themselves as much as possible, i.e.: hand the injured person a tissue or paper towel to stop bleeding, have the injured person wash their own cut, etc.
2. Use gloves if you help with any situation where you may come in contact with another person's blood such as assisting with a scrape or cut, a nosebleed, etc.
3. Call for the custodian to clean up any contaminated surfaces.
4. Place any contaminated items such as paper towels, disposable gloves, etc. in a plastic bag, tie it shut, & put it in another plastic bag for disposal.
5. Contaminated clothing should be removed as soon as possible, bagged & sent home with the owner to be laundered.
6. If another person's blood comes in contact with an employee assisting in first aid or clean up, report it to your supervisor immediately.

### **EXPOSURE INCIDENT**

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from an employee's duties. If an exposure incident occurs, report it to your supervisor immediately. Vaccination & post exposure evaluation will be offered.

### **HBV VACCINATION**

If an exposure incident has occurred, the exposed individual will be offered the HBIG (Hepatitis B Immune Globulin) within 24 hours & will be offered the hepatitis B vaccination series, which consists of 3 shots-initial, 1 month later, 6 months from initial.

### **POST EXPOSURE EVALUATION CONSISTS OF THE FOLLOWING:**

- Report of circumstances to a healthcare professional.
- Identification & status of source individual (blood tested if permission obtained) ●

- Results of source individual's blood testing made available to exposed employee •
- Employee is offered the option of having blood collected for testing •
- Counseling concerning precautions to take & information on potential illnesses

**LOCATION OF FACILITIES & SUPPLIES**

**Hand washing facilities:**

Restrooms

Antiseptic rinse-all first aid kits (Alternative when hand washing facilities are not available)

**Disinfectant/Cleaning Supplies**

Clean Up Kits

Custodian storage room

**Waste Receptacles:**

Use plastic lined receptacles for disposal of any contaminated waste, Double Bag

**Masks & Goggles:**

Custodial Room

**Sharps Containers:**

Altamont Grade Office

Bartlett North Workroom

Meadow View Nurse's Office

Mound Valley Office

LCHS Nurse's Office

**Gloves:**

Custodian storage room

All Principals' Offices

All First Aid Kits

All Clean Up Kits

Every teacher's desk- Replenish your supply from your school office

**Contact Persons** - Report all first aid incidents involving blood to your immediate supervisor. Contact your building principal, school nurse, or the district office about any questions or concerns you may have.

**Bloodborne Pathogen Consent Form**

I have read and understand the information given to me regarding bloodborne pathogens. I understand that I am to use universal precautions (wear gloves; use good hand washing skills) in any situation where I might be exposed to blood while performing my duties as an employee of USD 506. I also understand that if an exposure incident occurs, I will be offered the Hepatitis B vaccination and post-exposure evaluation at school district expense.

Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## **Excerpt from USD 506 Classified Handbook Regarding Bullying, Pages 10 and 11**

Displaying cartoons or telling jokes which relate to an individual's age, race, gender, color, religion, national origin, disability, or sexual orientation.

If you believe that you are being subjected to workplace harassment, you should: • If you feel comfortable enough to do so, tell the harasser that his or her actions are not welcome and they must stop.

- Report the incident without delay to your immediate supervisor/principal, or USD 506 Superintendent.
- Report any additional incidents or retaliation that may occur to one of the above resources.

Any reported incident will be investigated immediately and thoroughly. Complaints and actions taken to resolve complaints will be handled as confidentially as possible, given USD 506's obligation to investigate and act upon reports of such harassment. Appropriate actions will be taken by USD 506 to stop and remedy all such conduct, including interim measures during a period of investigation. Retaliation of any kind or discriminating against an employee who reports a suspected incident of harassment or who cooperates in an investigation is prohibited. An employee who violates this policy or retaliates against an employee in any way will be subject to disciplinary action up to and including immediate termination.

### **VIOLENCE-FREE WORKPLACE**

It is USD 506's policy to provide a workplace that is safe and free from all threatening and intimidating conduct. Therefore, USD 506 will not tolerate violence or threats of violence of any form in the workplace, at work-related functions, or outside of work if it affects the workplace. This policy applies to USD 506 employees, parents, student's guests, vendors, and persons doing business with USD 506.

It will be a violation of this policy for any individual to engage in any conduct, verbal or physical, which intimidates, endangers, or creates the perception of intent to harm persons or property. Examples include but are not limited to:

- Physical assaults or threats of physical assault, whether made in person or by other means (i.e., in writing, by phone, fax, e-mail, text, or social media).
- Verbal conduct that is intimidating and has the purpose or effect of threatening the health or safety of a co-worker.
- Possession of firearms or any other weapon on District property, in a vehicle being used on District business, in any District owned or leased parking facility, or at a school-related function.
- Any other conduct or acts which management believes represents an imminent or potential danger to workplace safety/security.

Anyone with questions or complaints about workplace behaviors which fall under

this policy may discuss them with a supervisor/principal or the District Superintendent. USD 506 will promptly and thoroughly investigate any reported occurrences or threats of violence. Violations of this policy will result in disciplinary action, up to and including immediate termination of employees. Where such actions involve non-employees, USD 506 will take action appropriate for the circumstances. Where appropriate and/or necessary, USD 506 will also take whatever legal actions are available and necessary to stop the conduct and protect USD 506 employees and property. In addition to this policy, the District has a policy in place to address student behavior concerning weapons. For information on this policy, please contact your school principal. The safe school hotline number is 1-877-626-8203.

### **WORKPLACE BULLYING POLICY**

USD 506 is committed to providing a safe and healthy work environment for all employees. As such, USD 506 prohibits bullying of any kind and will deal with complaints accordingly. This policy applies to employees while working, at work functions and while traveling on business.

Bullying is defined as unwelcome or unreasonable behavior that demeans, intimidates or humiliates an individual or a group of individuals.

Bullying can be:

- An isolated incident or persistent incidents
- Carried out by a group or an individual
- Either direct or indirect
- Verbal or physical

Some examples of bullying include:

- Abusive or offensive language
- Unwelcome behavior
- Unreasonable insults or criticism (especially in public)
- Teasing and/or spreading rumors
- Trivializing of work or achievements
- Exclusion or isolation

Bullying can have devastating results. If you witness bullying or suspect bullying is taking place, report it to your supervisor and/or District Office immediately. All suspected incidents of bullying will be thoroughly investigated and disciplinary measures will be taken accordingly.