

SUBSTITUTE AVAILABILITY FORM

Must accompany the substitute application

Name: _____

Address: _____

Phone #: _____ Email: _____

BUILDING PREFERENCE

- Elementary School (K-5)
 Middle School (6-8)
 High School (9-12)

Please list other districts you are currently subbing for:

I am also willing to sub in the following non-teaching areas:

- Teaching Assistant
 Teacher Aide
 School Monitor

If applicable, please complete the section below:

- Associate's degree Major: _____
 Bachelor's Degree Major: _____
 Master's Degree Major: _____

I am a certified teacher: YES NO Certification Area: _____

SCHOOL YEAR

All _____
September _____
October _____
November _____
December _____
January _____
February _____
March _____
April _____
May _____
June _____

DAYS

All _____
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____