

SUBSTITUTE SEARCH TEACHER DATA SHEET

Please check one:

- | | |
|--|---|
| <input type="checkbox"/> New Teacher | <input type="checkbox"/> Remove Teacher |
| <input type="checkbox"/> Change Information | <input type="checkbox"/> Less than a 100% Teacher |
| <input type="checkbox"/> Share with another location | <input type="checkbox"/> Transferred to |

Please allow at least 5 days to process information.

Location Name

Location Number

Teacher's Name

Social Security Number

Teacher's work hours, if different than regular start and end time of the school

Teacher's Home Phone Number: _____

Subject(s)/Grade(s) being taught (three may be listed):

.....
Complete if less than 100% or if you share this teacher with another location.

Home School

M T W TH FR
Circle the Work Day/s

Actual Start and End Times

Second School

M T W TH FR
Circle the Work Day/s

Actual Start and End Times

If less than 100%, is this teacher interested in substitute teaching? _____
If yes, you may want to add them to your school/department priority list.

Sub Coordinator's Name

Phone #

Date

