



1020 Main Street
Windsor CO 80550
Phone: 970-686-8000
Fax: 970-686-8001

Dear Substitute:

Your name is currently included on our district's list of substitutes. Thank you for serving the district in this capacity.

We hope you plan to continue as a substitute for the school year beginning August 9, 2017. Please mark the appropriate section (see below) to indicate your interest in substitute teaching for our district. Please note that if you are continuing as a certified substitute, you must also complete Attachment A. If you are continuing as a classified substitute, you must complete Attachment B. If you are both a certified and classified substitute, please complete both Attachment A and Attachment B.

Please **add/keep** my name on the CERTIFIED substitute List.

Please **add/keep** my name on the CLASSIFIED substitute List.

Please **remove** my name from the CERTIFIED substitute List.

Please **remove** my name from the CLASSIFIED substitute List.

After you mark the appropriate section(s), please sign and return to the district office by Friday, July 14th. Please be sure to also return Attachments A, B or both so that we can establish you as a substitute in our automated substitute system (Absence Management, formerly AESOP).

Other Items of Note:

- Please note that this letter will serve to activate you as substitute for the 17-18 school year **only**.
- If you have changed your direct deposit institution since you were last paid, please contact the district's payroll specialist to update your information.
- As a substitute, you are eligible to participate in the district's 403B and 401K plan. Please contact the district's payroll specialist if you are interested.
- If you do not return this form by the deadline, it will be assumed that you are voluntarily removing your name from our substitute list.

Print Name : _____ Phone: _____

E-Mail (REQUIRED) _____

Address: _____

Is this a change in Address (please circle)? Yes or No

Signature: _____ Date: _____

ATTACHMENT A

CERTIFIED SUBSTITUTE QUESTIONNAIRE (TEACHING POSITIONS)

Name: _____

1) Please check the type of license you hold

___ 1 Year Substitute Authorization License Expires: _____

___ 3 Year Substitute Authorization License Expires: _____

___ 5 Year Substitute Authorization License Expires: _____

___ Professional Teacher License License Expires: _____

Section 2 only applies if you hold a 5 year Sub Authorization or a Professional Teaching License:

2) Please indicate what area you are **highly qualified** to teach. In order to be deemed highly qualified, you must hold a teaching license in this area, or have 24 semester hours in the subject. This information is used when fulfilling long-term substitute assignments.

Math _____ Science _____ Social Studies _____ English _____ Business _____ Music _____

Special Education _____ Elem Education _____ Art _____

- ✓ Please note that you will be required to provide the district with supporting documentation to determine if you are highly qualified before you will be selected for a long-term substitute assignment

Signature: _____ Date: _____

ATTACHMENT B

CLASSIFIED SUBSTITUTE QUESTIONNAIRE (NON-TEACHING POSITIONS)

1) Please indicate what areas you are interested in subbing:

Secretary

Instructional Aide

Special Education Aide

Health Aide (***must have CPR and first aid training, as well as medication training which is offered though the health services department***)

Bus Driver (if you are selected as a sub, you will be contacted by the transportation dept. for training)

Maintenance/Custodial

Nutrition Services

Signature: _____ Date: _____