



GARFIELD COUNTY SCHOOL DISTRICT

Substitute Teacher Hiring Documentation Form

NAME _____ HM PHONE (____) _____

ADDRESS _____ CELL (____) _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

Identify the days of the week you are available to work. Mark your choices with an "X".

IF YOU ARE AVAILABLE ALL DAYS, CHECK HERE _____

(A.M.) MON____ TUES____ WED____ THURS____ FRI____

(P.M.) MON____ TUES____ WED____ THURS____ FRI____

Please choose the types of locations. Mark your choices with an "X".

SCHOOLS

_____ Elementary School

_____ High/Middle School

_____ Both

LOCATION

_____ Antimony

_____ Boulder

_____ Bryce Valley

_____ Escalante

_____ Panguitch

For School Use Only:

_____ Substitute training has been provided by the authorized Administrator.

_____ Candidate has been informed position is contingent upon successful background check and board of education approval.

_____ Instructions have been given for candidate to schedule a background check and take the following items to complete payroll paperwork: Current Driver's License, SS Card, Voided Check or Saving's Deposit Slip.

Administrator's Signature: _____ Date: _____