



Human Resource Services

Certificated Substitute Profile Sheet

I acknowledge my appointment and wish to serve as a substitute teacher for the _____ school year. **Fax back to: (916) 643-9454.**



I wish to place the following restriction(s) on my substitute assignments. I understand that I may remove these restrictions at any time during the school year.

PROGRAM RESTRICTIONS: (If you have no restrictions, check “No Restrictions.”)

- No Restrictions
- Restriction: Adult Education
- Restriction: Children’s Center Programs
- Restriction: Special Education
- Restriction: Regular Education/Specify Specific Subject Area(s): _____

SITE RESTRICTIONS:

Will you work at ALL sites? Yes No

If no, please enter sites where you wish to restrict yourself from working:

DAYS OF THE WEEK RESTRICTIONS:

I am available Monday through Friday: Yes No

If no, I am only available on:

- Monday Tuesday Wednesday Thursday Friday

CREDENTIAL: Please indicate California credential(s) you have:	Expiration Date

NAME: (Please Print)		
PHONE:		
ADDRESS:		
Street	City	Zip
EMAIL ADDRESS (Print Clearly)		
SOCIAL SECURITY NUMBER (Last six digits only):		
DATE AVAILABLE TO START*:		

Are you a student teacher? Yes No If so, where: _____

Signature: _____

Date: _____