



Division of Human Resources

SUBSTITUTE EMPLOYMENT REQUEST FORM

(For current ACPS employees only—Please type or print)

Employee's Name: _____ Employee ID No.: _____

Current Job Title: _____ School/Dept.: _____

Phone _____
Home _____ *Cell* _____

CHECK ONE:

- Please consider my application for (indicate below):
- Please terminate my substitute employment as (indicate below):
 - Substitute Paraprofessional
 - Substitute Custodian
 - Substitute Nurse
 - Substitute Teacher

Please update my substitute availability as indicated below:
Location: _____
(Maximum two locations)
Day(s): _____
Grade Level: _____

Employee's Signature _____ *Date* _____