



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*

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**Check One:**

Please consider my application for (indicate below):

Substitute Paraprofessional

Substitute Nurse

Please terminate my substitute employment as (indicate below):

Substitute Paraprofessional

Substitute Nurse

Please update my substitute availability as indicated below:

Location: \_\_\_\_\_  
*(Maximum two locations)*

Day(s): \_\_\_\_\_

Grade Level: \_\_\_\_\_

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*