OFFICE USE ONLY
☐ E-verified
Employee #
Job#

## **Clarke County School System Substitute Teacher Data Sheet**

Name:	First		MI	
Last	FIISL		IVII	
Social Security Number:		Date of Birth:		
Mailing Address:				
City/State/Zip:				
Phone Number:	_ Alte			
Education: High School: □ YES □ NO	Colle	ege: 🗆 YES 🗆 NO		
Location of School(s) for Substituting:				
Availability for Substituting:   □Part-time	□Full-time	□Temporarily	,	
Days available for Substituting: ☐ Mon.	□ Tues.	□ Wed.	□ Thurs.	□ Fri.
For retired employees only:				
Are you currently a member of the Retirement Systems of Alabama (RSA)?			□ YES □ NO	
Are you receiving a monthly retirement pay				
If retired: School & Date last worked:				
Signature		Date		