

STROUDSBURG AREA SCHOOL DISTRICT
123 Linden Street
Stroudsburg, PA 18360

TO: **Substitute Teachers, Nurses, Paraprofessionals, Homebound Instructors**

FROM: **Stephen Brodmerkel, Assistant Superintendent for Personnel**

SUBJECT: **On-Call Substitute Information for 2008-2009**

Please indicate your intentions and respond to the appropriate questions. Kindly sign your name and return this form to my office, indicating whether or not you wish to continue as a substitute employee or to become one in the Stroudsburg Area School District. Your continued inclusion on the list is not conditioned upon our receipt of this data.

Name	Telephone Number		
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Street Address / P.O. Box	City	State	Zip Code

1. _____ Please remove my name from your substitute list.
 2. _____ I am willing to accept employment in the following position(s) for the 2008-2009 school year.
 - Substitute Teacher
 - Substitute Nurse
 - Substitute Paraprofessional/Instructional Assistant
 - Homebound Instructor
 3. I am certified in Pennsylvania to teach the following (list areas of certification): _____
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4. My availability is as follows:

a. Only on the days checked: Monday Tuesday Wednesday Thursday Friday

b. To the maximum of _____ days per week.

c. Only at the following schools:

Arlington (K-2) _____	Intermediate School (3-4) _____
Clearview (K-2) _____	Middle School (5-7) _____
Hamilton (K-2) _____	Junior High School (8-9) _____
Morey (K-2) _____	High School (10-12) _____
Ramsey (K-2) _____	

(All schools are located in Stroudsburg/Stroud Township, except Hamilton Elementary School, which is located in Sciota—10 miles south of Stroudsburg.)

Signature of Substitute Teacher

PLEASE RETURN THIS FORM TO THE PERSONNEL OFFICE. If your availability for substitute work changes, it is your responsibility to inform the district.