

TO: ALL MILFORD PUBLIC SCHOOLS SUBSTITUTE TEACHERS
FROM: MILFORD PUBLIC SCHOOLS – HUMAN RESOURCES DEPT.

Our receipt of this completed form will assure your inclusion on the Milford Public Schools **Substitute Teacher/AESOP List for the 2016-2017** school year (or exclusion, if so indicated).

(check one)

_____ **PLEASE REMOVE MY NAME FROM THE SUBSTITUTE TEACHER LIST FOR 2016-2017.**

Print Name: _____ Reason: _____

Signature: _____ PIN# _____ Date: _____

_____ **PLEASE INCLUDE MY NAME ON THE SUBSTITUTE TEACHER LIST FOR 2016-2017.**

Print Name * _____ PIN # _____

Signature * _____ Date * _____

Email Address * _____

Check here if you have new address Address * _____

or phone Telephone * _____

Contact in case of an Emergency: _____
Name Phone

Do you hold current **CT State Teacher Certification (check one)**? NO _____ YES _____ PENDING _____

If YES or PENDING, write subject area(s) you are/will be certified to teach in? _____

SCHOOLS Write all or check the schools where you can sub): _____

- | | | | |
|---------------------|---------------------|----------------|---------------------|
| ___ John F. Kennedy | ___ Calf Pen | ___ East Shore | ___ The Academy |
| ___ Live Oaks | ___ Meadowside | ___ Harborside | ___ Jonathan Law |
| ___ Mathewson | ___ Orchard Hills | ___ West Shore | ___ Joseph A. Foran |
| ___ Orange Ave | ___ Pumpkin Delight | | |

Milford Public Schools that my child/children will attend in 2016/2017: _____

PLEASE NOTE: How frequently you may be called is at the discretion of the Milford Public Schools. Regardless of your preferred or accepted assignments, on any given day, you may be placed by the school in a different assignment, where there is a more critical need, or for any other reason deemed by the school. Please be prepared to be flexible. Documented evidence of unsatisfactory performance may result in the removal of your name from a single school or the entire substitute list at any time without notice.