

Chittenden Central Supervisory Union
Substitute Teacher Change Request Form

Revised 8/20/08

Name: _____	Date: _____
Email Address: _____	
Change Requested <i>(Please check all that apply and fill in the requested information):</i>	
<input type="checkbox"/>	New Address <i>(Please indicate new address in the space provided):</i>
<input type="checkbox"/>	New Phone Number <i>(Please indicate new phone number in the space provided):</i>
<input type="checkbox"/>	I'm no longer able to substitute in your school district(s). Please remove my name from the substitute list.
<input type="checkbox"/>	New Degree or Certification <i>(Please attach photocopies of documents):</i>
<input type="checkbox"/>	<input type="checkbox"/> I'm available any time during the <input type="checkbox"/> school year and/or <input type="checkbox"/> summer Or, <input type="checkbox"/> I'm only available as follows <i>(Please check all that apply)</i> : <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> I'm only available during the following time(s): _____
<input type="checkbox"/>	<input type="checkbox"/> I am willing to substitute in any school or location within the CCSU. Or, <input type="checkbox"/> I <u>only</u> wish to substitute in the following school(s)/location(s) <i>(please check all that apply)</i> : <input type="checkbox"/> Hiawatha (PreK-3) <input type="checkbox"/> Summit (PreK-3) <input type="checkbox"/> Fleming (4-5) <input type="checkbox"/> ADL (6-8) <input type="checkbox"/> Westford (PreK-8) <input type="checkbox"/> EHS (9-12) <input type="checkbox"/> CTE (10-adult) <input type="checkbox"/> Superintendent's Office
<input type="checkbox"/>	Please check all that apply: <input type="checkbox"/> I am willing to substitute in any <u>instructional</u> capacity. Or, <input type="checkbox"/> I am <u>only</u> interested in the following types of <u>instructional</u> assignment(s) <i>(please check all that apply)</i> : <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Special Educator <input type="checkbox"/> School Nurse/LPN* <input type="checkbox"/> Paraeducator <input type="checkbox"/> Other <i>(please specify positions and/or subjects):</i> _____ <input type="checkbox"/> I am willing to substitute in the following <u>support</u> position(s): <input type="checkbox"/> Cafeteria Worker <input type="checkbox"/> Crossing Guard <input type="checkbox"/> Clerical/Library Support <input type="checkbox"/> Bus Driver* <input type="checkbox"/> Computer Technician/Helpdesk <input type="checkbox"/> Custodial <input type="checkbox"/> Bus Aide <input type="checkbox"/> Other <i>(please specify positions and/or subjects):</i> _____ <i>*Specific license/certification required for these positions</i>
<input type="checkbox"/>	Other change <i>(please specify)</i>

Please submit completed form to the following address:

Chittenden Central Supervisory Union, Attn: Human Resources, 51 Park Street, Essex Jct., VT 05452