

Issued by: \_\_\_\_\_

Date: \_\_\_\_\_

## REQUEST TO BE PLACED ON STAFF SUBSTITUTE LIST

### CONTACT INFORMATION

Name: \_\_\_\_\_  
PRINT FIRST NAME PRINT LAST NAME

Personal E-mail: \_\_\_\_\_

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA CODE

Work E-mail: \_\_\_\_\_

Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA CODE

SoCal ROC E-mail: \_\_\_\_\_

Work phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA CODE

### AVAILABILITY (indicate the time period for each day)

Example: Monday: 4:30 - 9:30 pm  
Tuesday: 8:00 am-12:00 pm  
Wednesday: Not available  
Thursday: 8:00 am-12:00 pm and 5:30 - 9:30 pm

|                     | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---------------------|--------|---------|-----------|----------|--------|
| AVAILABLE <b>AM</b> |        |         |           |          |        |
| AVAILABLE <b>PM</b> |        |         |           |          |        |

### COMMENTS:

---



---



---



---



---

### CREDENTIAL INFORMATION

Part-Time Credential  Full-Time Credential      Completed Level 1 and or Health Education  Yes  No

Preliminary  Clear

Designated Subjects Vocational Education  Designated Subjects Career Technical Education

Credential Subject(s): \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_