

***LONG TERM SUBSTITUTE TEACHER INFORMATION FORM**

(To be returned directly to the substitute office)
Fax # 713-740-4024 or 713-740-4025
Phone: 713-740-0122/0123

This form is to be completed for **every long-term substitute Teacher** who is teaching at your campus.

Campus at which substitute is teaching

Substitute's Last Name First Name Middle Initial Soc. Sec. #

Absence is caused by: (Please check below)

- _____ Open position, no teacher available
- _____ Teacher out on FMLA
- _____ Teacher out more than five days

For which teacher is substitute teaching? _____

For what grade or subject level is substitute teaching? _____

Approximately how long will the assignment be? _____

Has substitute been finger printed? _____ Yes _____ No

(If not, substitute must pick up form from HR office to be finger printed)

* Reminder for your principal that all references **MUST** be checked.