

TO: All Substitute Teacher Applicants
FR: Janet Grochowina, School District Clerk

Please complete the information below, which will be, used in your placement on the substitute teacher's list for the current school year.

Check the appropriate space indicating under which category your name should be placed:

Category I: Persons with at least a bachelor's degree and either certification or certificate of qualifications. (unlimited days of substituting)

List certification areas: _____

Category II: Persons who have successfully completed a minimum of two years of college and working toward certification at the rate of at least six hours per year. (unlimited days of substituting)

List certification areas toward which you are working: _____

Category III: Persons who have successfully completed a minimum of two years of college and are not working toward any certification. (limited 40 days of substituting)

Place a check before each grade level and subject area below in which you are interested in substituting.

Grade Levels:

Primary K-2 Intermediate 3-5 Middle School 6-8 High School 9-12
 Home Study

SUBJECT AREAS:

<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Industrial Arts	<input type="checkbox"/> Special Ed
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Spanish	<input type="checkbox"/> Typing	<input type="checkbox"/> Nurse
<input type="checkbox"/> Science	<input type="checkbox"/> Art	<input type="checkbox"/> Shorthand	<input type="checkbox"/> Swimming
<input type="checkbox"/> Social Studies	<input type="checkbox"/> Phys. Ed	<input type="checkbox"/> Business Math	<input type="checkbox"/> Health
<input type="checkbox"/> Music	<input type="checkbox"/> Home Economics	<input type="checkbox"/> Distributive Ed	<input type="checkbox"/> Reading

At any time during the year that your availability or status changes, please notify us immediately. Also, if we do not already have copies of your degree and or certification, please forward them to us.

PLEASE BE ADVISED THAT YOU MUST BE AVAILABLE DURING THE HOURS OF 6:30 AM TO 8:30 AM SO WE CAN CONTACT YOU FOR WORK. SHOULD WE CALL AND THE LINE IS BUSY FOR MORE THAN THREE (3) MINUTES, OR THERE IS NO ANSWER, WE WILL CONSIDER YOU UNAVAILABLE FOR WORK ON THAT DAY.

State Days you are NOT AVAILABLE: _____

Name: _____ Date: _____

Address: _____ Zip: _____

Phone Number: _____

**SALAMANCA CITY CENTRAL SCHOOL DISTRICT
50 IROQUOIS DRIVE
SALAMANCA, NY 14779**

SUBJECT: NOTIFICATION OF THE RIGHT TO OPTIONAL SYSTEM MEMBERSHIP

I hereby acknowledge that I have been informed by the Salamanca City Central School District, my employer, that as a “teacher” not currently a member of the New York State Teachers’ Retirement System who is or will be rendering less than full time service for the _____ school year, I may, as a matter of right, join the New York State Teachers’ Retirement System.

I further acknowledge that I understand under present law if I elect to join the New York State Teachers’ Retirement System, I must complete a Retirement System membership application, which must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System, I will be required to contribute, pursuant to Article 15 of the RSSL, 3% of my salary to said Retirement System and furthermore, as a member of said Retirement System, I will be required to contribute to Social Security.

Signature

Date