

**SCHOOL DISTRICT OF COLBY
SUPPORT STAFF SUBSTITUTE VERIFICATION**

NAME

DATE

ADDRESS

EMAIL ADDRESS

CITY STATE ZIP

PHONE

BY _____ AM
PREFERRED CALLING TIME

_____ I am interested in subbing for the 2017-2018 school year.

_____ I am **NOT** interested in subbing for the 2017-2018 school year.

Areas interested in subbing:

- | | | |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Teacher Assistant | <input type="checkbox"/> Library | <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> Kitchen Help | <input type="checkbox"/> Custodial | |

Building interested in subbing:

- | | |
|---|---|
| <input type="checkbox"/> Colby Elementary | <input type="checkbox"/> Little Stars Preschool |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> High School |

Additional Information _____

Signature: _____

Date: _____

RETURN TO: Sara Uhlig
Colby Public Schools
PO Box 139
Colby WI 54421