

**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 2023-2024 school year.

_____ I am **NOT** interested in subbing for the 2023-2024 school year.

Areas interested in subbing:

Teacher Assistant

Library

Secretarial

Kitchen Help

Building interested in subbing:

Colby Elementary

Little Stars Preschool

Middle School

High School

Additional Information _____

Signature: _____

Date: _____

RETURN TO: Sara Uhlig
Colby Public Schools
PO Box 110
Colby WI 54421
suhlig@colby.k12.wi.us