

**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 2025-2026 school year.

\_\_\_\_\_ I am **NOT** interested in subbing for the 2025-2026 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