



WESTMONT HILLTOP

SCHOOL DISTRICT

Substitute Per Diem Rate:
\$80/day for the first 20 days
\$90/day after 20 days

SUBSTITUTE TEACHER INTEREST FORM

NAME (Please Print) _____ DOB: _____ SSN# _____

ADDRESS _____ ZIP CODE _____

HOME# _____ CELL# _____ E-MAIL: _____

AREA/FIELD OF CERTIFICATION: _____ PPID# _____

PLEASE CHECK THE APPROPRIATE SPACES

I am available EVERY/ANY day as a per diem substitute teacher. _____

I am available on the following days (check all that apply):

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY

Please notify the Office of the Superintendent during the year if there is a change in your address, telephone number, or availability as a per diem substitute teacher.

PLEASE RETURN THIS FORM, COPY OF YOUR CERTIFICATION AND ANY NEW CLEARANCES ASAP:

Westmont Hilltop Superintendent's Office
 222 Fair Oaks Drive, Johnstown PA 15905
 Attn: Mary Hartnett
 Office: 814-255-8721
 FAX: 814-255-7735
 EMAIL: meh@whsd.org

Please note: If you are a NEW SUBSTITUTE with our district and your clearances are older than 1 year, please submit new clearances, a copy of your certification, and a PA standard teaching application. Links to the clearance sites can be found on our website www.whsd.org. *Thank you!*

Office Use:

- ____ 6004
- ____ Child Abuse
- ____ Criminal History
- ____ FBI Fingerprint
- ____ Copy of Certification and checked TIMS
For public prof. discipline
- ____ Copy of Mandated Reporter Training
- ____ Health Form with Nurse's Approval
- ____ I-9
- ____ Board Approval