

HOMER-CENTER SCHOOL DISTRICT
Homer City, PA 15748



INFORMATION ON SUBSTITUTE NURSES, INSTRUCTIONAL AIDES, CAFETERIA, CUSTODIAL

NAME: _____
(First) (Last) (M.I.)

I will be able to substitute for the 2019-2020 school year.

Yes

No

Position: _____ Social Security No. _____

Your address: _____
Street City Zip Code

Home Phone: () _____ Cell: () _____
A/C A/C

Email Address: _____

Township or Borough of Residence

Name of School District You Live In

No. of withholding exemptions _____ Married (M) or Single (S) _____

As per District policy, all employee payroll will be through direct deposit. Please provide a voided check, NOT a deposit slip, on your first day substituting.

Availability - Daily Long Term

Specific Days of the Week

List: _____

Act 34 FBI Fingerprinting
Yes No Yes No

Act 151 Act 24
Yes No Yes No

Comments: