

BRADLEY COUNTY SCHOOLS
SUBSTITUTE TEACHER REMOVAL REQUEST

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SSN _____

EMAIL _____

I am resigning my position as a Substitute Teacher with Bradley County Schools effective ____/____/____.

I acknowledge that my name will be removed from the active substitute list and I will need to reapply if I choose to return as a substitute.

Signature: _____ Date: _____

Please return form to:

Bradley County Schools
Attn: Amanda White
800 South Lee Highway
Cleveland, TN 37323
Fax 423-476-0485