

TO: ALL SUBSTITUTES

RE: ENROLLMENT

If you wish to work as a substitute, please complete and sign the enrollment form below with any additional documents attached. Please also complete the back of this form and procure the necessary authorized signatures for approval on each campus you want to work. **Without this signed form in your file, you will not be placed back on the substitute list.** We will need a copy of your driver's license and social security on file for personnel records.

If at any time you wish to have your name removed from the list, please contact Haley Lemons at 937-2501 ext. 1020 or by email at [hlemons@childressisd.net](mailto:hlemons@childressisd.net).

This letter will provide notification that you have reasonable assurance of employment, in accordance with provisions of the Texas Unemployment Compensation Act, on the same substitute basis that existed during the past school year.

Your services on behalf of the children of this district are appreciated and we hope that you will be able to continue your association with the district next year.

Sincerely,  
Rick Teran  
Superintendent

**SUBSTITUTE ENROLLMENT**

I would like to renew my status as a substitute employee. I agree to comply with the rules, regulations, and policies of the Childress Independent School District.

NAME	DATE
ADDRESS	CITY STATE ZIP
SOCIAL SECURITY #	TELEPHONE # CELL PHONE #
EMAIL ADDRESS	

CIRCLE ONE

CERTIFIED TEACHER: YES / NO                      DEGREE: \_\_\_\_\_

CIRCLE ONE

TRS RETIRED: YES / NO                      TRS DISABILITY: YES / NO

GRADE PREFERENCE OR CAMPUS(S)	SIGNATURE
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**SUBSTITUTE APPROVAL FORM**

**JOB TITLE:** SUBSTITUTE EMPLOYEE

**REPORTS TO:** PRINCIPAL and TEACHER(S) Assigned or FOOD SERVICE DIRECTOR

**Contact Information**

_____ NAME	_____ TELEPHONE #
_____ ADDRESS	_____ CELL PHONE #
_____ CITY STATE ZIP	_____ EMAIL ADDRESS

**Signatures of:**

_____ High School Principal	_____ Date
_____ Jr. High School Principal	_____ Date
_____ Elementary Principal	_____ Date
_____ Gateway (Alternative School) Director	_____ Date
_____ Food Service Director	_____ Date