

SUBSTITUTE REQUEST/RECOMMENDATION FORM

INSTRUCTIONS TO SUBSTITUTE: Please complete the top portion of this form. You will need to leave the form with one school to complete the bottom portion of the form. You will be contacted via email by the County Office with the decision.

NAME OF SUBSTITUTE: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CONTACT PHONE #: _____

CHECK ONE:

- COMPLETED SUBSTITUTE TRAINING CLASS
- HOLD A VALID/EXPIRED TEACHING CERTIFICATE
- HOLD A VALID/EXPIRED GEORGIA PARAPROFESSIONAL CERTIFICATE

REFERENCES:

Name	Official Position	Phone Number
1.		
2.		
3.		

INSTRUCTIONS FOR ADMINISTRATOR: Please contact a reference from the above list. Choose your recommendation. Please send the complete form to County Office. Substitute will be available after you have received the Substitute Teacher Verification form that Human Resources issues to the substitute.

Name of Reference:

Comments:

1. _____

- Recommend
- Not Recommend

Administrator's Signature

Date