

**RAYMOND CENTRAL PUBLIC SCHOOLS
SUBSTITUTE TEACHER DATA SHEET**

PLEASE NOTE: We need a **voided check** for payment by Direct Deposit and we must have an email address.
Thank you.

- _____ W-4 Form
- _____ I-9 Form – **please submit a copy of your Driver’s License and Social Security Card**
- _____ Abuse/Neglect Form
- _____ Original Nebraska Teaching Certificate required for signature by Superintendent

Printed Name _____		Phone Number(s) _____	
Address _____		City/Zip _____	
Birthdate _____	Social Security Number _____	Email _____	
Expiration Date of Teaching Certificate _____			
(*Secretaries please verify the date on certificate to assure they are still eligible before calling.)			

Major Endorsement: _____	Please Check: <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary
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College(s) Attended:	
<input type="checkbox"/> University of Nebraska-Lincoln	Others: _____ _____ _____
<input type="checkbox"/> University of Nebraska-Kearney	
<input type="checkbox"/> Nebraska Wesleyan	
<input type="checkbox"/> Doane College	
<input type="checkbox"/> Peru College	

I would be willing to substitute for: <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Both
Comments: _____

Signature _____ Date _____