

**RAYMOND CENTRAL PUBLIC SCHOOLS
SUBSTITUTE SUPPORT STAFF**

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

Printed Name _____	Phone Number(s) _____	
Address _____	City/Zip _____	
Birthdate _____	Social Security Number _____	Email _____

I would be willing to substitute for:	<input type="checkbox"/> Ceresco <input type="checkbox"/> Valparaiso <input type="checkbox"/> High School
Comments: _____	_____
_____	_____

Please indicate the areas you wish to substitute:	<input type="checkbox"/> Cook <input type="checkbox"/> Para <input type="checkbox"/> Secretary <input type="checkbox"/> Custodial <input type="checkbox"/> Bus Driver
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Signature _____ Date _____