

SUBSTITUTE INTENT TO RETURN FORM

SCHOOL YEAR 2017-2018

Name _____ Date _____

Yes, I would like to continue subbing for the Belgrade School District.

I would like to be removed from the Substitute Teacher list.

Please list any changes you would like to make to your profile, such as days you are not available or preferred locations/teachers.

Please list any updates to phone numbers, email, or mailing address. If returning for the 2017-2018 school year, please include any changes that may occur over the summer.

Would you be interested in subbing for any of the following positions in addition to a regular classroom?

Special Education Paraprofessional

Title 1 Paraprofessional

Behavioral/Academic Paraprofessional

Library/Office/Overflow Paraprofessional

I understand my continued employment with the Belgrade School District is contingent upon no changes in my criminal record. I also understand I will self-disclose any convictions to the Belgrade District Office.

Signature

Date

**Please return this form to Human Resources, 312 N. Weaver, Belgrade, MT 59714 or scan and email completed form to hrbsd@belgradeschools.com later than August 7, 2017.