



Washoe County School District
OFFICE OF HUMAN RESOURCES

E000 _____

Substitute Teacher Information
(FAX = 333-5011)

DATE: _____

NAME: _____
(PLEASE PRINT)

SS#: _____

(SIGNATURE)

ID & PIN NUMBERS	
ID #: _____ (YOUR PHONE # - INCLUDING AREA CODE) No hyphens or parentheses	PIN#: _____ (CHOOSE 4 or 5 NUMBERS) If you are a teacher, you must choose a PIN that is different than your teacher PIN.

I have a new address:

I will be student teaching:

Name of School: _____

Start/End Dates: _____ - _____

I am currently a teacher with W.C.S.D.

Name of School: _____

I am fluent in the
following language(s)...

