Substitute Information

Date _____

Name _____
First Middle Initial Last

Address _____
Street/Route City/State Zip

Phone _____
Area Code Number

Permanent address if above address is temporary:

_____
Street/Route City/State Zip

Teaching preference (grade/subject): Days NOT available to substitute:

_____ _____

Are you certified in the state of Oklahoma? Yes No
If yes, please attach a copy of your teaching certificate

Are you a retired Oklahoma teacher? Yes No

Please complete and attach a W-4 form for tax purposes