

**Johnson City Central School District**  
**ABSENCE MANAGEMENT**  
**Substitute Account Information**

**1. Information**

First Name	
Last Name	
Phone # to receive calls	
Email Address	

**2. Certifications**

Certification Title	Certification Type	Expiration date

**3. I prefer to work in the following buildings (Check all that apply)**

<input type="checkbox"/>	Primary School (Grades K-2)	<input type="checkbox"/>	Middle School (Grades 6-8)
<input type="checkbox"/>	Intermediate School (Grades 3-5)	<input type="checkbox"/>	High School (Grades 9-12)

It is important for you to understand this information confirms your full understanding that:

1. You may not be needed as a substitute on a "regular" basis.
2. You may substitute infrequently or not at all.
3. Only substitute teaching days confirmed in AESOP should be considered legitimate work days.

**Statement of understanding:**

I understand my status as a substitute teacher is based entirely on the needs of the Johnson City central School District. I am not guaranteed any specific number of substitute teaching opportunities offered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date