



**SUBSTITUTE ASSURANCE FORM**

Thank you for your service to our school system this year. Our school system would not be able to run so smoothly without your assistance.

Please check one of the two options below and fill out the GCIC form that is attached to your email /enclosed and return to Kathryn Young, Substitute Operator, by May 31<sup>st</sup> of this school year. Failure to return the requested forms will be considered as your request to be removed from our approved substitute list. Once the date has passed and you are removed, you will have to reapply on line to return.

\_\_\_\_\_ Please remove my name for the approved substitute list. I understand that I will have to reapply should I wish to return.

\_\_\_\_\_ I will be returning for the coming school year \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note: Only fill out the following if your address, email, or telephone number has changed:**

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
**Email:** \_\_\_\_\_