

## **SUBSTITUTE TEACHER CENTER**

Richmond County School System  
864 Broad Street. Augusta GA 30901

### **SUBSTITUTE TEACHER INACTIVATION REQUEST**

Your services are greatly valued. Thank you for the services you have provided as a substitute teacher in our school system.

You have selected to **INACTIVATE** your name from the substitute teacher list. Please select one of the reasons below:

- I have accepted a job within the Richmond County School System.
- I have accepted employment elsewhere.
- I am moving out of the area.
- Other: \_\_\_\_\_

I, \_\_\_\_\_, request removal of my name from the  
(Print your full name)

**ACTIVE** Substitute Teacher List.

I realize that substitute teachers are on an "as needed" only basis; therefore I am not eligible for unemployment or health benefits. \_\_\_\_\_ (initials)

Please remove my name from the Richmond county School System Substitute List as of \_\_\_\_\_.  
(Date) I understand that my name will be deleted from the substitute teacher roster.

\_\_\_\_\_  
(Signature)                      - - - - -  
(Social Security Number)                      \_\_\_\_\_  
(Date)

**PLEASE KEEP US INFORMED OF ANY ADDRESS CHANGES SO THAT YOU WILL RECEIVE YOUR W-2 FORM AT THE CORRECT ADDRESS.**