



Administrative Form 4511
SUBSTITUTE TEACHER INFORMATION
(Formerly CSI HR-F206)

Responsible: Office of Human Resources - Fax: 775-333-5011 E000_____

DATE: _____

NAME: _____
(PLEASE PRINT)

PREFERRED NAME: _____
(PLEASE PRINT)

EMAIL ADDRESS: _____

ID & PIN NUMBERS

ID #: _____
(YOUR PHONE # - INCLUDING AREA CODE)
No hyphens or parenthesis

PIN#: _____
(CHOOSE 4 or 5 NUMBERS)
Numbers cannot be in sequential order such as 1234, 5555, or 4321

If you are a teacher, you must choose a PIN that is different than your teacher PIN.

I am a current / former WCS D Teacher

School: _____

I will be (or am currently) Student Teaching: Start/End Months: _____ - _____

I am fluent in the following language(s):

I am available for emergency assignments: Yes _____ No _____

I am interested in becoming a fully licensed teacher: Yes _____ No _____

SIGNATURE: _____