



WASHOE COUNTY SCHOOL DISTRICT

Office of Human Resources

Contact Information – Substitute

The information provided below is for informational use and will assist with being entered into the HR system along with the receipt of **your Nevada Teachers or Substitute license**. It is important to keep your contact information up to date. You may view and update your contact information anytime through Employee Online.

Full Legal Name: _____

Preferred first Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone number:

Primary: _____

Secondary: _____

Personal Email: _____

I am or was a WCSD Employee:

School/Department: _____

Employee Number: _____

What type of license do you hold: _____

Are you currently a **NVPERS retiree** collecting a NV PERS retirement benefit? Yes No

I am or will be in the following programs beginning:

Practicum - YEAR _____ Semester _____

Student Teaching / Internship - YEAR _____ Semester _____

Signature

Date