## West Orange Public Schools Human Resource Department 179 Eagle Rock Avenue West Orange, New Jersey 07052

## **Substitute Renewal Form**

## Must be returned by May 18, 2018, to Kim Stecher in HR

Name:	☐ Check if new address		
Street Address:			_
City, State and Zip Code			_
Home Phone:	Check if new hom	e phone	
Cell Phone:	☐ Check if new cell	phone	
Indicate phone number to be used for Absence	Management (Aesop):	□ Home	□ Cell
Email Address:		_ Check if nev	v email
Please indicate one of the following:			
☐ I would like to <b>remain</b> on the active subst	titute list for 2018-2019 s	chool year	
☐ I would like to be <b>removed</b> from the activ	e substitute list for 2018	-2019 school yea	r
New Jersey Certificates you currently hold: (Plean Substitute Credential  Standard Certificate Subject  Certificate of Eligibility Subject  Certificate of Eligibility with Advanced Substitutes will be reappointed at the June 1	Standing Subject		
I would like to be approved for 2018-2019 to	substitute in the follow	ing areas:	
☐ Teacher ☐ Parapro	ofessional 🗆 Secreta	ry	
☐ Lunch Aide ☐ Nur	se (must be a registered	l nurse)	
Please return this form to the Office of Human F returned via email to <a href="mailto:kstecher@westorangesch">kstecher@westorangesch</a> mail.	-		•
You will be removed from the West Orange Publ	ic Schools active substit	ute list if you do n	ot respond.
Signature		Date	