

**BOARD OF EDUCATION, DISTRICT 148  
DOLTON, COOK COUNTY, ILLINOIS**

**SUBSTITUTE TEACHER ASSIGNMENT FORM**

Please complete this Substitute Teachers Assignment Form and return it to our office with your Fingerprint Authorization and Release Form.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male or Female

University or College : \_\_\_\_\_ Highest Degree: \_\_\_\_\_

Year of Degree: \_\_\_\_\_ Years of Teaching Experience: \_\_\_\_\_

Certificate Type: \_\_\_\_\_ Subject Area: \_\_\_\_\_ Grade Level: 0-3 6-12 K-9 K-12

Districts which I will accept substituting assignments: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**\*\*\*OFFICE USE ONLY\*\*\***

**Certificate Information:**

Certificate Last Registered - County: \_\_\_\_\_ Certificate Last Registered - School Year: \_\_\_\_\_

Cert #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**Substitute Teacher Information:**

CBC Sent Date: \_\_\_\_\_ CBC Received Date: \_\_\_\_\_

CBC OK: Yes or No                      Attended Sub Training Class: Yes or No

TB Test Results Received on \_\_\_\_\_

S-16A  
6/08