

SUBSTITUTE EMPLOYEE FRONTLINE ABSENCE MANAGEMENT PROFILE

Name: _____

Email: _____

Phone: _____

Licensed Only/Required to work as sub teacher

Licensure Held (check 1):

Initial/Professional License 5 Year-Sub Authorization 3 Year-Sub Authorization

Expiration Date: _____

Endorsement (if applicable): _____

Bachelor's Degree: _____

Position(s) Requested to Sub for:

- Teacher (must have Colorado teacher or sub authorization)
- Paraprofessional – Classroom, Tech/Computer, PE, Preschool
- Paraprofessional – Special Education
- Health Assistant (Current CPR certification and District Health Office training required)
- Paralibrarian (Additional training required)
- Secretary

D51 Locations:

You will default to be available at all D51 locations.

Availability:

You are able to update your work schedule and preferred locations in Aesop at any time by selecting the question mark icon in the upper right corner and "Frontline Support"