



**Substitute Contact Information Verification - 2017-2018**

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

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

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Ohio Department of Education Educator ID: \_\_\_\_\_

Check to make My Profile visible to all districts. (If you check this, you may receive calls from districts other than those you selected for substitute opportunities.)

Check here if you are available to work all days of the week.

If you are only available to work some days of the week, please indicate these days below:

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

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