

Plymouth Joint School District
125 Highland Avenue
Plymouth, Wisconsin 53073

Telephone (920) 892-2661
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Dan Mella
Superintendent
Dena Budrecki
Asst. Supt. for Curriculum & Instruction
Anne Gamoke
Director of Pupil Services
Amy Williams
Business Manager

SUBSTITUTE TEACHER REQUEST

Name _____ Telephone _____

Address _____

City _____ Zip _____

Email Address _____

I am prepared to substitute: (circle one) Immediately Future Date _____

Are there any restrictions on your availability? Yes No

If yes, please explain: _____

Please indicate grades and subjects you are willing to teach:

(Circle) PK-4 5-8 9-12

High School Subjects: _____

Would you be interested in substitute teaching during summer school? Yes No

A COPY OF YOUR TEACHING LICENSE MUST BE SUBMITTED WITH THIS FORM. THE DISTRICT NEEDS TO HAVE YOUR LICENSE ON FILE BEFORE YOU SUB.

Degree: _____ Major: _____

Type of License: _____

Date License Expires: _____

How many years of teaching experience have you had? _____