

LONG TERM SUBSTITUTE APPOINTMENT REQUEST

The School District of Escambia County Florida

School/Department _____

Name of Applicant _____

Position Title _____

Funding Source Projects _____ Grant _____

Cost/Budget Code _____

Fund Function Object Cost Center Project/Grant

Replacing _____

Name of Teacher

Job Title

Reason for Replacement

Resignation

Retirement

Leave of Absence

Other: _____

Beginning Date: _____ **Ending Date:** _____

NOTE:

**The School district of Escambia County is a Drug-free workplace employer.
Pre-employment drug and nicotine testing is required**

*I understand that this appointment is contingent upon the approval of my:

- 1) Certification/Licensure/Qualifications
- 2) Background screening information
- 3) Drug and Tobacco screening results

I further understand that this is a temporary position with no benefits or future employment guarantee.

Statement Concerning Collection of Social Security Numbers

The Escambia County School District, in compliance with Florida Statutes, is required to inform individuals the purpose for collection of Social Security numbers. The District specifically collects Social Security numbers where it is authorized by law for such purpose and where it is imperative for the performance of the District's duties and responsibilities.

Applicant Signature _____ Date _____

SIGNATURES OF APPROVAL (MUST BE IN SEQUENCE LISTED)

1. _____
Principal / Department Head _____ Date _____

2. _____
Coordinator-Educator Certification _____ Date _____

3. _____
Director-Human Resources _____ Date _____