



Substitute Teacher/Multiple District Assignment Form for School Personnel

(revised 01/12/15)

SHERRI YBARRA
 SUPERINTENDENT OF
 PUBLIC INSTRUCTION

650 W. STATE STREET
 P.O. BOX 83720
 BOISE, IDAHO 83720-0027

OFFICE: 208-332-6800
 FAX: 208-334-2228
 SPEECH/HEARING
 IMPAIRED: 1-800-377-3529

Employee Name (Please Print Clearly): _____

DOB: _____ EDUID Number: _____

<p>This section is to be used only for employees working as a substitute teacher</p> <p>Directions: Please check if substitute teaching</p>			
<input type="checkbox"/> Substitute Teacher			
District/Agency Name and Number	Printed Name of Superintendent or Designee	Signature of Superintendent or Designee	Date

This section is to be used for employees working in Multiple Districts

Please list by district name and district identification number ALL districts in which you are employed. This list will allow you to work in these districts without undergoing a Background Investigation Check (BIC) (fingerprinting) for each. It is necessary for the appropriate superintendent/designee to sign the form for each district listed. Additional districts will only be added if the BIC is less than three (3) months old. If your BIC is over three (3) months old please submit completed form with a new fingerprint card and fee.

Directions: Please check all that apply to current assignments:			
<input type="checkbox"/> Summer School Teachers			
<input type="checkbox"/> Volunteer			
<input type="checkbox"/> Substitute, other than a teacher, who temporarily replaces a non-certificated employee (i.e., administrative assistant, cook, custodian, bus driver)			
<input type="checkbox"/> Driver Education			
District/Agency Name and Number	Printed name of Superintendent or Designee	Signature of Superintendent or Designee	Date

Return this completed form and the completed fingerprint card (if applicable to:
 State Department of Education
 Background Records Office
 PO Box 83720
 Boise, ID 83720-0027
 Contact as necessary: Shannon Haas (208) 332-6888