

**WALTON CENTRAL SCHOOL DISTRICT  
WALTON, NEW YORK**

**SUBSTITUTE AVAILABILITY RECORD**

Name/Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHECK APPROPRIATE NYS CERTIFICATION AREA:**

Permanent \_\_\_\_\_ Area \_\_\_\_\_  
 Provisional \_\_\_\_\_ Area \_\_\_\_\_  
 Uncertified \_\_\_\_\_

**PLEASE INDICATE AREA(S) IN WHICH YOU WOULD BE WILLING TO SUBSTITUTE.**

	Elem. School (K-5)	Middle School (6-8)	High School (9-12)
Non-Teaching - (Aide, Monitor, Office, Etc.)			
Sub. Teaching			

**PLEASE INDICATE AREA(S) YOU WOULD NOT BE WILLING TO SUBSTITUTE IN.**

**PLEASE INDICATE YOUR AVAILABILITY FOR WORK.** If you are not available on a certain day, please indicate. If you are available for full-day work, please use the hours of 8 AM and 3 PM, which generally cover starting and ending times for a school day.

	A.M. Hours (Specify)	P.M. Hours (Specify)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

If your availability changes, it is your responsibility to notify the Personnel Office so that another Availability Record may be completed.

Signature \_\_\_\_\_

Date \_\_\_\_\_