St. Clair County Regional Office of Education

1000 South Illinois Street

Belleville, IL 62220

**Request for Authorization to Employ Substitute Teacher in an Emergency for no longer than 30 Days**

**Substitute Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IEIN/SS# | Name: | | | Phone: |
| Street Address: | | | | |
| City: | | State: | Zip Code: | |
| Circle one: PEL, ELS, Sub | | License # : | | |

**District Information – All Parts Must be Completed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name and District: | | | | Phone: |
| School Address: | | | | |
| City: | State: | | Zip Code: | |
| Reason for Emergency: | | | | |
| Grade Level and Subject area of position being filled: | | | | |
| Start  Date: | | Projected  End Date: | | |

As administrator of this entity, I certify that I have been unable to secure the services of an appropriately certificated or approved educator and that any approved individuals interviewed did not meet district criteria for hire.

District Superintendent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Superintendent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_