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: |
| StartDate: | ProjectedEnd 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_