

**WYOMING CITY SCHOOLS**  
420 Springfield Pike  
Wyoming, Ohio 45215

Office: (513) 206-7000  
Fax: (513) 672-3355

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### Substitute Teacher Form

Employee Name: \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

Date Submitted: \_\_\_\_\_

Substitute Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above substituted for: \_\_\_\_\_ (Teacher's Name)

At: \_\_\_\_\_ Wyoming High School                      \_\_\_\_\_ Wyoming Middle School  
\_\_\_\_\_ Elm School    \_\_\_\_\_ Hilltop School  
\_\_\_\_\_ Vermont School

From: \_\_\_\_\_ To: \_\_\_\_\_ for  
Date                      Date

\_\_\_\_\_ ½ Day ( \_\_\_\_\_ AM/ \_\_\_\_\_ PM)                      \_\_\_\_\_ Whole Day                      \_\_\_\_\_ Rate of Pay

\_\_\_\_\_  
**Substitute's Signature**

\_\_\_\_\_  
**Principal's Signature**