

**SUBFINDER PRO
EMPLOYEE REGISTRY PROFILE FORM
FOR
TST BOCES**

Dist. HR Signature

PLEASE FILL OUT THIS ENTIRE FORM. EACH QUESTION IS NECESSARY IN ORDER FOR YOU TO BE ENTERED INTO THE SYSTEM. RETURN TO YOUR HUMAN RESOURCES DEPT. FOR SIGNATURE

Directions:

Fill out this form and return to your District Office. The District Office will forward this form to Nora Starr @ TST BOCES 555 Warren Rd, Ithaca, NY 14850.

PERSONAL INFORMATION:

LAST NAME: _____ ARE YOU CERTIFIED? YES NO

FIRST NAME: _____ SCHOOL DISTRICT _____

HOME ADDRESS: _____ BUILDING _____

Email address: _____

HOME PHONE NUMBER (____) _____

GRADE LEVEL TEACHING _____ SUBJECT: _____

CLASS TEACHING _____

THE FOLLOWING IS FOR ITINERANT TEACHERS ONLY. IF YOU NEED MORE SPACE PLEASE USE THE BACK OF THE PAGE.

What is your schedule for the week?

Monday – Where? _____ . What times? _____

Tuesday – Where? _____ . What time? _____

Wednesday – Where? _____ . What time? _____

Thursday – Where? _____ . What time? _____

Friday – Where? _____ . What time? _____