

Superintendent's Office
Northern Tioga School District
110 Ellison Road
Elkland, PA 16920

**AVAILABILITY QUESTIONNAIRE FOR PROFESSIONAL SUBSTITUTE EMPLOYMENT
2025/26 SCHOOL YEAR**

NAME _____ **SOCIAL SECURITY NO.** _____
ADDRESS _____ **AREA(S) OF CERTIFICATION** _____

TELEPHONE NO. _____

Please complete the following items by initialing the statements applicable to you.

1. _____ I wish to be included on the 2025/26 substitute list.
_____ I DO NOT wish to be included on the 2025/26 substitute list.
2. _____ Are you restricted to working only certain hours a day?
Yes _____ No _____ If answer is YES, indicate hours available _____
3. _____ Are you restricted to working only certain days of the week? Yes _____ No _____
If answer is YES, circle only the days available: M T W T F
4. _____ Are you restricted to working in only a certain geographical area within the school district?
Yes _____ No _____ If answer is YES, list the schools in which you ARE available to work?

5. _____ Are you interested in full time employment if it becomes available?
Yes _____ No _____ If answer is NO, indicate reason: _____
6. _____ I am interested in HOMEBOUND instruction.
7. _____ Are you listed as a professional substitute for other school districts during the school year?
Yes _____ No _____ If the answer is YES, list the districts where registered.

The above information is accurate to the best of my knowledge. I agree to notify the Northern Tioga School District by letter of any changes in the responses within 15 days.

I understand that the school district normally calls for substitute employees between the hours of 6:30 a.m. and 7:30 a.m. each day, and I agree to make myself available to receive such telephone calls during that period of each school day. I understand that the school district's inability to reach me by telephone during those hours to offer me substitute work will be considered by the school district to be the refusal by me of employment for that day. I also understand that the District offers substitute employees the opportunity to participate in Tax Sheltered Annuities. For more information please contact the payroll department or refer to the district website at www.ntiogasd.org.

Date _____ Signature of Applicant _____

If following submission of this statement, you wish at any time to change any of the restrictions you may have noted on this statement regarding your availability for substitute employment, it is your responsibility to notify us in writing of such change.