

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

**AVAILABILITY QUESTIONNAIRE FOR PROFESSIONAL SUBSTITUTE EMPLOYMENT  
2026/27 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 2026/27 substitute list.  
      \_\_\_\_\_    I DO NOT wish to be included on the 2026/27 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](http://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.