



One Year Substitute Verification Form

This form must be completed for individuals applying for a One Year Substitute Authorization. This is valid only for one employing school district/BOCES. Individuals seeking the One Year Substitute Authorization in more than one school district/BOCES, must complete one of these forms for each employing school district/BOCES and apply for each authorization individually.

The One Year Substitute Authorization is valid only in the school district/BOCES in which the individual applied.

DIRECTIONS

Applicant: Complete the "Applicant" section, then forward to the "Employer" for completion and authorized signature. When the form has been completed and signed, upload this completed form into your application **BEFORE** you submit your application. This form must be uploaded into your application, do not mail this form to CDE.

Employer: Complete the "Employer" section in its entirety. If not completely filled out, the authorization cannot be granted to the applicant.

For the purposes of this form, the term "Employer" can encompass public school district, BOCES, charter school or facility.

To be completed by the Applicant

* Required Field by Applicant

Last Name*		First Name*		Middle Name	Date of Birth*
List any Previous Names Used* <input type="checkbox"/> None			Contact Daytime Phone*		Email Address*
Mailing Street Address*			City*	State*	Zip*
Social Security Number* (last 4)	X X X - X X -	Name of High School You Attended*		Location of High School You Attended (City & State)*	Date You Graduated*
Applicant's Signature* X				Date*	Note: This form will be accepted within 90 days from the date that you submit your application to us. You cannot use the same form if renewing. A new form must be obtained each time you apply for this authorization.

To be completed by the Employer

This portion must be completed by the Superintendent, Human Resources Director, Executive Director or other designated signatory for the employer

Name of Employer:	Employer Phone	Select One <input type="checkbox"/> Public School District <input type="checkbox"/> BOCES <input type="checkbox"/> Charter School <input type="checkbox"/> Facility	
Mailing Street Address	City	State	Zip

1 Does the applicant hold a high school diploma or its equivalent?

1 Yes, the undersigned verifies that the applicant holds a high school diploma or its equivalent.
 No

2 Has the applicant provided evidence of successful working experience with children?

2 Yes, the undersigned verifies that the applicant has provided evidence of successful working experience with children.
 No

3 Are you authorized by your "employer" to grant the above applicant employment anywhere within your district, BOCES, charter school or facility and to complete this form on the behalf of the "employer"?

3 Yes, the undersigned attests that authorization to grant employment to this applicant, should they be approved, has been given to me and I have been given the authorization to complete this form on behalf of the "employer".
 No

By signing below you have completed the "employer" section in its entirety and that you attest to the three questions above and to the best of your knowledge have no reason that this applicant should not substitute teach in Colorado schools based upon professional incompetence or unethical behavior.

Authorized employer representative completing form

Name (printed or typed)	Title	Are you the Superintendent or HR or Executive Director/? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, complete the bottom line of this form	
Signature X	Contact Phone Number	Contact email address	Date*

*Note: This form will be accepted within 90 days from the date that applicant submits their application to us. They cannot use the same form if they are renewing. A new form must be obtained each time they apply for this authorization.

Enter into this section only if you are not the Superintendent or HR/Executive Director. List the contact information for the Superintendent or HR/Executive Director:

Superintendent/HR or Executive Director's Name

Superintendent/HR or Executive Director's Direct Phone Number

An incomplete form will be returned for completion, which will significantly increase application processing time.