

Substitute Handbook Receipt 2009-10 School Year

Print Name: _____

Social Security #: _____

I hereby acknowledge receipt of my personal copy of the Bastrop ISD Substitute Handbook. I agree to read the handbook and abide by the standards, policies, and procedures defined or referenced in this document.

I understand that failure to abide by the standards, policies, and procedures may result in my removal from the substitute list and that I will not be able to substitute in the district.

The information in this handbook is subject to change. I understand that changes in district policies may supersede, modify, or render obsolete the information summarized in this booklet. As the district provides updated policy information, I accept responsibility for reading and abiding by the changes.

I understand that I have an obligation to inform the District's Department of Human Resources in writing of any phone number and/or address changes, and if I would like to be removed from the substitute list.

I accept responsibility for contacting the Human Resources Department if I have questions or concerns or need further explanation.

I also understand that if I do not return this signed receipt, my name will be removed from the substitute list and I will not be able to substitute.

I would like to:

- remain on active status as a substitute.
- have my name removed from the substitute list.

Signature

Date