



PACIFIC GROVE UNIFIED SCHOOL DISTRICT
CLASSIFIED SUBSTITUTE INFORMATION

Name _____ Date _____

Phone # _____
(Home) _____ (Cell) _____

Address _____
(Street) _____ (City) _____ (Zip code) _____

I am willing to substitute in the following areas:

Secretary

Food Service

Special Education Aide

Custodian

I am interested in substituting where ever needed

I prefer to substitute at the following schools only:

Forest Grove Elementary K-5

Robert Down Elementary K-5

PG Middle School 6-8

PG High School 9-12

Community High School 9-12

Adult School

List any special skills: _____

OFFICE USE

TB expiration Date: _____

Board Date: _____