

Grand Saline Independent School District

SUBSTITUTE ACKNOWLEDGEMENT FORM

EMAIL ADDRESS _____

Phone Number _____

FIRST NAME _____

LAST NAME _____

All substitute staff must verify that they have access to the GSISD Substitute Handbook.

By checking the box below, potential substitutes acknowledge awareness of the policies and procedures for GSISD. If a paper copy is needed, contact the Human Resources Department.

My signature _____ acknowledges that I have accessed, read, and accept the guidelines in the Substitute Handbook.

This form must be completed and returned to the Human Resource Department at GSISD.