EMPLOYEE NAME: _____

Revised: 2/96; 2/97; 9/97; 1/08; 1/13;10/13; 3/14; 6/18;8/24

JOB DESCRIPTION

POSITION TITLE: Substitute Teacher	JOB CODE: SUB1			
DIVISION: Leadership & Learning	SALARY SCHEDULE: N/A			
DEPARTMENT: Leadership & Learning	WORK DAYS: As Needed			
REPORTS TO: Principal	PAY GRADE: N/A			
FLSA: Exempt	PAY FREQUENCY: Monthly			
PRIMARY FUNCTION: Serves in the capacity of a substitute teacher in the absence of the classroom teacher.				
REVISION DATE(S): 8/24				

REQUIREMENTS:

1	Educational Loval: With receipt of US Diploma or High School Equivalancy over 60 comestor hours of collage			
т.	Educational Level: With receipt of HS Diploma or High School Equivalency exam, 60 semester hours of college-			
	level credit from an accredited college or university reflecting a cumulative GPA of "C" or above per semester			
	OR equivalent experience in education; Teaching certification or Bachelor's degree is preferred			
2.	Certification/License Required: Completion of required background check and attend orientation			
3.	Experience: Working with children in an educational setting			
4.	Physical Activities: Routine physical activities that are required to fulfill job responsibilities			
5.	Knowledge, Skills, & Abilities: Written and oral communication; student management			
The Board of Education and the Superintendent may accept alternatives to some of the above requirements				

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ESSENTIAL DUTIES:

1.	Demonstrates prompt and regular attendance.
2.	Follow lesson plans provided by the classroom teacher to ensure continuity of learning.
3.	Monitor and assist students with classwork, providing guidance and support as necessary
4.	Maintain classroom order and manage student behavior in accordance with school and district policies
5.	Maintain a positive, inclusive, and safe learning environment for all students.
6.	Leave a detailed report for the classroom teacher regarding the progress of the class during the absence.
7.	Performs other duties as assigned by appropriate administrator.

Signature of Employee	Date	
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Signature of Supervisor _____ Date _____



