



This forms is available at: <http://tepd.dpi.wi.gov/licensing/supplementary-forms>

Instructions for the Applicant: You must submit this form to your employing school district so they may complete the request section below. After the completed form has been returned to you, scan the document and upload when applying for your Short-Term Substitute Permit in the ELO (Educator Licensing Online) system.

Instructions for the Employer: Complete the request and return the completed form to the applicant.

APPLICANT INFORMATION

Legal Name *Last, First, Middle*

Social Security Number* *Last 4 Digits Only*

Other / Previous Names

ADMINISTRATOR INFORMATION

School District

Requested Start Date

July 1, ____

Name of Administrator *First and Last Name*

SIGNATURE

I, **THE EMPLOYING ADMINISTRATOR**, request that the Department of Public Instruction issue a Short-Term Substitute Permit to this applicant since our district has a shortage of fully-licensed substitute teachers and I attest that substitute teacher training will be provided.

Signature or Employing Administrator

Date Signed *Mo./Day/Yr.*

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*Collection of social security number is a requirement of s.118.19(1m) and 1(r). It is used solely for validation purposes and will not be released without written permission.