



EDUCATIONAL SERVICE UNIT ONE

211 TENTH STREET
WAKEFIELD, NE 68784

PHONE: (402) 287-2061

FAX: (402) 287-2065

www.esu1.org



ESU #1 SUBSTITUTE RECORD FORM

Name: _____

Current Address (City, State, Zip): _____

Permanent Address (City State, Zip): _____

Telephone (Home and/or Cell): _____

***Paychecks and W-2 forms will be sent to the Permanent Address.
Substitute must have an I-9 and current W-4 form on file.***

Substitute Service Location: _____

Substitute Service Department/Program: _____

Certificate and/or License:

___ I am certified by the Nebraska Department of Education (provide original certificate to be registered and copied for ESU #1 file)

___ I am licensed by the Nebraska Department of Health & Human Services (provide copy of license for ESU #1 file)

Substitutes are considered temporary employees and are not eligible for leave or benefits through ESU #1. Pay is subject to deductions required by federal, state, or local law.

I understand that I am responsible for providing ESU #1 with changes and/or updates to the above listed information.

Signature

Date

OFFICE USE ONLY	
W-4 Received: _____	Nebraska New Hire: _____
I-9 Received: _____	E-Verify: _____
License/Certificate Expiration: _____	
Endorsement: _____	