**Pittsford Schools Substitute Referral Form (For Employee Use Only)**

Pittsford School District employees may use this form to refer an individual to serve as a Teacher and/or Para Substitute.

Submission of this referral indicates you attest to both the professional and personal characteristics of the candidate.

Complete, Save, Print this form and return it to your Standards Leader or Building Administrator.   
Submission of this form does not guarantee that an interview or position will be granted.

**Employee Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employee Name: Click here to enter text. Date: Click here to enter text.

District email: Click here to enter text. District Phone #: Click here to enter text.

Building: Choose an item. Position: Click here to enter text.

How long have you Click here to enter text. In what context? Click here to enter text.  
known the applicant?

Position(s) referred for : Choose an item. Other (Specify): Click here to enter text.

What personal/professional attributes demonstrate this individual is qualified for this position? (Please be specific)

Click here to enter text.

**Applicant Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: Click here to enter text.

Address: Click here to enter text.

Phone Number: Click here to enter text. Email: Click here to enter text.

Certified? Choose an item. If yes, please specify level(s)/area(s): Click here to enter text.

**\_\_\_\_\_ \_\_\_\_\_** For Administrative or Human Resources Use Only**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Received: Click here to enter text. Interviewed? Choose an item. Added to Substitute List Choose an item.