

OGILVIE SCHOOL
SUBSTITUTE INFORMATION SHEET

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Email: _____

Licensure Area: _____

TRA # (certified staff): _____

Are you currently collecting a TRA pension from the State of MN? _____

If yes what is the effective date _____

License on file? _____

Non-certified must have already passed the para pro test or have a two year degree.
(must show proof of either)

Which do you have? _____

Would you be willing to sub at any grade level? _____

If not please specify the level you would sub at _____

Comments: (like available times and days) Our hours are Tuesday thru Friday – 8:00
am to 4:05 pm