

**OCM BOCES
Substitute**

Substitute Name: _____

Address: _____

Phone Number: _____ E-mail address: _____

Do you currently have a Sub Service Profile: _____ If yes, Access ID# _____

Supervisor: _____ Support Staff _____

NYS Certification Area: _____ ☐ Provisional ☐ ☐ ☐ Permanent Initial
Professional

Work Location:

Cortland County

- BOCES McEvoy Education Center SED, TEP
- BOCES Homer El. School STAR and Skate
- BOCES Homer Intermediate
- BOCES Homer Sr. High School
- BOCES McEvoy Ed Center TEAM, Stellata
- BOCES Homer Jr. High School
- BOCES Itinerant
- BOCES Cortland High School –TEAM
- SUNY Cortland- OCM Transition Class

Onondaga County

- OCC- OCM Transition Class
- BOCES Itinerant
- BOCES CTC SED K-6 / 7-8 / 9-12 and Stellata
- BOCES Solvay Elementary Deaf Program (K-3)
- BOCES Solvay High School Deaf Program (9-12)
- BOCES Solvay Middle School Deaf Program (4-8)
- BOCES Solvay Middle School- Team Program
- BOCES ESM HS Skate 9-12
- BOCES Adolescent Day Treatment: Henry Center
- BOCES Reynolds El. B'ville SED 2-4
- BOCES Ray Middle School Baldwinsville SED 4-7
- BOCES CNS HS Skate 9-12
- BOCES Split Rock Elementary - TEAM
- BOCES Palmer Elementary - Skate
- BOCES Baker High School- Team Program
- BOCES Henry Center –AHSED
- BOCES East Syracuse Elementary - Skate
- BOCES Camillus Middle School – Skate
- BOCES Pine Grove Middle School ESM- SKATE
- BOCES Career & Tech Ed @ Henry Campus (TEP)
- BOCES Fremont Elementary- Skate
- BOCES Nate Perry Elementary–Behavior Management
- BOCES Smith Road Elementary-Skate
- BOCES Solvay High School - Alternative
- BOCES Lafayette SED 9-12
- BOCES Camillus MS SED 6-8
- BOCES Walberta Park- Westhill Skate

Work Classification:

- No Sub Required
- Art
- English
- Foreign Lang: Spanish
- GED Program
- Mathematics
- Music
- School Nurse
- Clerical
- Science
- Science: Earth
- Skate
- Social Studies
- Special Education
- Teaching Assistant
- Teacher Aide
- Workforce Prep
- BOCES Only – ASL Teacher Interpreter
- BOCES Only – ASL Teaching Assistant Interpreter

Select the location and classification from above lists for your work schedule.

Location _____	Classification _____
Days of Week	
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> All Day	<input type="checkbox"/> All Day
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> All Day	<input type="checkbox"/> All Day
<input type="checkbox"/> Friday	
<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> All Day	

9/20/16