

RECEIPT OF AISD SUBSTITUTE HANDBOOK

Please Print

Name _____ Social Security
Number _____

Job Title SUBSTITUTE TEACHER / CLASSIFIED SUBSTITUTE

I acknowledge receipt of my personal copy of the Austin Independent School District Substitute Handbook. I agree to read the handbook and abide by the standards, policies and procedures defined or referenced in this document.

The information in this handbook is subject to change. I understand that changes in district policies may supersede, modify, or eliminate the information summarized in this booklet. As the district provides updated policy information, I accept responsibility for reading and abiding by the changes.

I accept responsibility for contacting my supervisor or the appropriate department if I have any questions or need further explanation regarding anything in this handbook.

Signature: _____

Date: _____