

EVANSTON TOWNSHIP HIGH SCHOOL

Temporary Employment Form

Employee Name:

Returning Student:

Social Security Number:

Home/Cell Phone

Street Address:

City:

State:

Zip Code:

SALARY SCHEDULES

CATEGORY *(Check All That Apply)*

Out of District Coach - *(Board Approval Required)*

Substitute Teacher (day to day)

Current Member of TRS

Current School District

(Out-of-District Teachers must provide current school name and District number)

Retired from Teaching/TRS or Chicago School System

Other

▼ TO BE COMPLETED BY SUPERVISOR ▼

Start Date: _____ Department: _____

Salary: \$ _____ Job Title: _____

Supervisor's Signature

Date

Telephone Ext.