

**SCHOOL DISTRICT OF COLBY  
SUPPORT STAFF SUBSTITUTE VERIFICATION**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
CITY                      STATE                      ZIP

\_\_\_\_\_  
PHONE

BY \_\_\_\_\_ AM  
PREFERRED CALLING TIME

\_\_\_\_\_ I am interested in subbing for the 2024-2025 school year.

\_\_\_\_\_ I am **NOT** interested in subbing for the 2024-2025 school year.

Areas interested in subbing:

Teacher Assistant

Library

Secretarial

Kitchen Help

Building interested in subbing:

Colby Elementary

Little Stars Preschool

Middle School

High School

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RETURN TO: Sara Uhlig  
Colby Public Schools  
PO Box 110  
Colby WI 54421  
suhlig@colby.k12.wi.us

