**EMERGENCY NON-CERTIFIED SCHOOL PERSONNEL FORM**
**Program Participants**

_____

District Name

The following persons have been employed via this program and meet the requirements as stipulated in 16 KAR 2:030.

| Substitute's Name | SS# | School Assigned |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

_____ _____

**Superintendent's Signature** **Date**

This form may be copied as necessary. Please return to: John Fields, Director, Division of Certification, Education Professional Standards Board, 100 Airport Road, 3rd Floor, Frankfort, KY 40601.