

PINON UNIFIED SCHOOL DISTRICT NO. 4 JOB DESCRIPTION

POSITION/TITLE: Substitute Teacher (Certified Certificate Holder)

TERMS OF EMPLOYMENT: 10 Months (120 day limit per school per school year)

SALARY: \$140.00 per day

STATUS: Exempt

BENEFITS: No Benefits Available

QUALIFICATIONS:

1. Substitute Certificate issued by the Sate of Arizona Department of Education required.
2. Bachelors Degree(s) required for issuance of a regular Substitute Certificate with the Department of Education.
3. Fingerprint Clearance Card issued by the State of Arizona Department of Public Safety required.
4. Experience in working with children in an education setting required.
5. Must have proven successful employment record.

JOB GOAL: To enable each child to pursue his education as smoothly and completely as possible in the absence of his regular teacher.

DUTIES AND RESPONSIBILITIES:

1. Reports to the building principal or school secretary upon arrival at the school building.
2. Reviews with the principal, department head, or team leader all plans and schedules to be followed during the teaching day.
3. Maintains as fully as possible the established routines and procedures of the school and classroom to which he is assigned,
4. Teaches the lesson outlined and described in the Substitute Teacher's Handbook as prepared by the absent teacher.
5. Consults as appropriate with the building principal, department head or team leader before initiating any teaching or other procedures not specified in the Substitute Teacher's Handbook.
6. Assumes responsibility for overseeing pupil behavior in class and during lunch and recess periods.
7. Reports in writing on the form provided by the school secretary on the day's activities at the conclusion of each teaching day.
8. Follows all policies, rules, and procedures to which regular teachers are subject and which good teaching practice dictates.
9. Performs other duties as assigned.

REPORTS TO: Principal

EVALUATION: Performance will be evaluated in accordance with the Board's Policy on Evaluation of Professional Personnel.

Supervisor's Signature: _____

Date: _____

Human Resources Director Approval: _____

Date: _____

Governing Board Approval: _____

Date: _____