

Frontline Absence Management Profile Sheet

Miami County Educational Service Center

New Employee/Substitute Entry / Removal / Change Checklist

NEW EMPLOYEE

Name _____ Address _____

Social Security Number _____ City _____ Zip _____

Phone Number w/Area Code _____ E-mail Address _____

Employment Location: District _____ Building _____ Subject _____

Work time: (Example: 7:30 a.m. – 3:00 p.m.) _____

Certified Non-Teaching  Classroom Aide One on One Aide

Sub required: Yes No Optional Teacher's Name _____

Student's Name _____

NEW SUBSTITUTE

Name _____ Address _____

Social Security Number _____ City _____ Zip _____

Phone Number w/Area Code _____ E-mail Address _____

Emergency Contact Name _____ Emergency Contact Phone _____

Certified Non-Teaching School Preferences: See Back 

Willing to sub as an aide? Yes No Board Approved: Yes No

EMPLOYEE / SUBSTITUTE REMOVAL

Name _____ Social Security Number _____

EMPLOYEE / SUBSTITUTE CHANGES

*This form will be used to enter all employees (teacher, sub teacher, aide, sub aide, etc.) into Frontline.
When completed please forward to Melinda Hoffert.*

Office Use Only: Add to Sub Addendum _____ Entered in Frontline: _____ Mailed Welcome Letter _____
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