

Substitute Information

Substitute Information

Name: _____
First M.I. Last .

Current Address: _____
Street Address Apt/Unit# City ST Zip Code

Home Phone: (____) - ____ - ____ Alternate/Cell Phone: (____) - ____ - ____

Personal Email: _____ SSN: _____ - ____ - ____

Birth Date: ____/____/____ Gender: Female Male Marital Status: Single Married

Race / Ethnicity Information

We are required to collect and report race/ethnicity in the form of the two-part question below. If you choose not to answer, please know we are required to observe and report your race and ethnicity on your behalf.

Part A: Do you consider yourself to be of Hispanic/Latino origin? YES, Hispanic/Latino NO, not Hispanic/Latino
(A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)

Part B: Which of the following groups describe your race? Choose one or more.

- American Indian or Alaska Native (origins of North or South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian – (origins of Far East, Southeast Asia, or the Indian Subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American - (origins in any of the black racial groups of Africa.)
- Native Hawaiian or Pacific Islander – (origins in Hawaii, Guam, Samoa, or other Pacific Islands)
- White – (origins in Europe, the Middle East, or North Africa.)

Emergency Contact Information

Name: _____
First M.I. Last

Phone: ____ - ____ - ____ Relationship to you: _____

I hereby acknowledge that I've completed this document and confirm the information provided.

Employee Signature: _____ Date: _____