



## 2015-2016 LETTER OF ASSURANCE

Employee ID# \_\_\_\_\_

Name \_\_\_\_\_

### Please put an (x) in the box below that applies to you:

New Address: (Please Do Not write an address in the space below if your address is not a new address)

\_\_\_\_\_

New Email Address: \_\_\_\_\_

New phone number: \_\_\_\_\_

New Aesop call number: \_\_\_\_\_

I want Aesop system calls.

I do not want Aesop system calls.

I am an Aurora Public Schools Retiree.

I am a Licensed Substitute.

I submitted a current copy of my license to the sub office.

I am a Classified Substitute.

I am a Classified Health/Para Substitute. (Certified-Training required)

I am a Classified Clerical Substitute. (Clerical skills test required)

I am a Classified Special Ed Substitute.

I am a Classified Campus Monitor Substitute.

I am a Classified Preschool Substitute.

I am a Classified Preschool Facilitator. (For Former APS Classified Retirees only)

I am a Lifetime APS Substitute. (I have subbed for APS 15 + years)

I was on an Agreement for Services during 2014-15 school year.

I was hired as an APS Substitute in March, April or May 2015.

Please keep my name in the APS Sub pool for 2015-16 school year.

Please remove my name from the APS Substitute pool.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2015-2016 LETTER OF ASSURANCE

PLEASE READ AND **INITIAL** EACH STATEMENT

- \_\_\_\_\_ I understand as a Substitute Teacher or Para-educator Substitute, I should be prepared to fulfill any Teacher or Para-educator related duties required by the School/Site during the hours assigned in a sub job.
- \_\_\_\_\_ I understand Aurora Public Schools definition of a 'substitute' is a non-contract employee.
- \_\_\_\_\_ I understand that there is no set number of hours guaranteed as a substitute.
- \_\_\_\_\_ I understand that I may not be called to work while the Aurora Public Schools are not in session. (i.e., teacher work days, in-service days and seasonal breaks)
- \_\_\_\_\_ I understand that my substitute status is on an as needed basis.
- \_\_\_\_\_ I understand that I must complete and return the Letter of Assurance to the sub office for the following school year.
- \_\_\_\_\_ I understand that I must indicate on the Letter of Assurance if I am no longer available to substitute for the Aurora Public School district for the following school year, and that my name should be removed from the APS sub pool.
- \_\_\_\_\_ I understand it is my responsibility to notify the substitute office, in writing, of any changes in my address, phone number, and/or email address.
- \_\_\_\_\_ **I understand that I will always keep the Aurora Public Schools substitute office informed of any extended time of unavailability.**
- \_\_\_\_\_ **I understand that it is my responsibility to create "non-work days" in my Aesop profile of any time of unavailability within the school year.**
- \_\_\_\_\_ I understand if I intend to substitute during the 2015-2016 school year, I must stop by the Administration Building, ESC – 4 at 1085 Peoria St., between June - August, to have a current picture ID made.
- \_\_\_\_\_ I understand that any current documents, (2015-2016 conventional calendar, payroll calendar, bell schedule, etc.) can be accessed through the APS website at [www.aurorak12.org](http://www.aurorak12.org) or picked up in the sub office throughout the new school year.
- \_\_\_\_\_ I understand that it is my responsibility to retrieve the current Substitute Handbook from the APS website at [www.aurorak12.org](http://www.aurorak12.org).
- \_\_\_\_\_ I understand that it is my responsibility to follow the policies and procedures contained in the current Substitute Handbook; And to contact the sub office if I have questions regarding the policies and procedures.
- \_\_\_\_\_ I understand that it is my responsibility to submit a current copy of my CDE Teacher License or 3 to 5 Year Substitute Authorization to the sub office, either by email to [emcampbell@aps.k12.co.us](mailto:emcampbell@aps.k12.co.us) or by regular mail to The Division of Human Resources, ESC-4 1085 Peoria St. Aurora, CO 80011 Attention: Sub Office.

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**Date**

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**Signature**

**Neighborhood Schools:** (Please list three (3) schools in your neighborhood for on-call purposes)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

*Please note that the 2015-2016 Letter of Assurance must be submitted to the sub office before your new substitute ID badge can be issued. There is a \$10 charge if your old ID badge is not returned. Also, you may complete the 2015-2016 Letter of Assurance online, and submit to the sub office via email at [emcampbell@aps.k12.co.us](mailto:emcampbell@aps.k12.co.us).*