



**CUSTODIAL SUBSTITUTE INFORMATION SHEET**

Please fill out and return to: Buildings & Grounds Department  
Berlin Central School District  
P. O. Box 259  
Berlin, NY 12022

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

\_\_\_\_\_ YES

I wish to be on the active custodial substitute list for the  
2018-2019 school year.

\_\_\_\_\_ NO

I do not wish to be on the active custodial substitute list for  
the 2018-2019 school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have selected YES, please complete the remainder of the form and return it to the  
address listed above at your earliest convenience.

What school(s) do you wish to substitute in:

MS/HS (6-12)

Berlin Elementary (K-5)