



rochester teachers association

Representing teachers • school instructors • substitute teachers • home/hospital teachers • preschool teachers • retired teachers

RTA Information Form

Name _____ Date _____
(Please Print)

Current School/ Work Location _____

Certification(s) _____ Tenure Area: _____

Preferred Phone Number: Home _____ Cell _____

Non-district/personal email: _____ *

*Please Initial _____ that you approve both the Syracuse and Buffalo City School Districts receiving the above email address.

Service as a **PER DIEM SUBSTITUTE**

<u>SCHOOL YEAR</u>	<u>LOCATION</u>	<u>FULL/PART-TIME</u>	<u>SUBJECT(S) TAUGHT</u>

Service as a **TENURE TRACK TEACHER** in a different, previous tenure area

<u>SCHOOL YEAR</u>	<u>LOCATION</u>	<u>SUBJECT(S) TAUGHT</u>

Please provide the name of a contact person in the event you are unavailable or if you are planning on being out of town.

Name: _____ Phone Number: _____
(Please Print)

Relationship to you _____

I will be out of town from _____ to _____

RTA Contact: Martha Keating <maskerade6@aol.com> Tell: 546-2681 x104