Haverhill Public Schools

DATE: _____

NAME: _____

ADDRESS: _____ **ZIP CODE:** _____ **TEL.#** _____

SIGNATURE_____

TO: **SUBSTITUTE NURSE – Please circle qualification: CNA LPN RN**

We're happy to include your name on the Substitute List as a Substitute Nurse for the **2025-2026** school year. The Haverhill Public Schools consistent with M.G.L. 151A, S. 28A, considers you to have reasonable assurance of employment for the **2025-2026** school year. Please note that **this letter does not constitute an employment contract.**

Employment with our district calls for several customary vacation/recess periods during the school year. The **2025-2026** school calendar can be found on the HPS website. Following each of the periods as established by the **2025-2026** school calendar, you will have continued employment with the district as a Substitute Nurse.

By signing this form, you are acknowledging your intent to accept this offer of reasonable assurance of employment with Haverhill Public Schools for the **2025-2026** school year.

Please check off the following areas you wish to substitute:

ELEMENTARY/MIDDLE:

Comments:_____

HIGH SCHOOL:

Comments:_____

WHEN ARE YOU AVAILABLE? (Please circle) M T W TH F or ALL

IF YOUR STATUS AS A SUBSTITUTE CHANGES DURING THE YEAR, PLEASE CALL THE HUMAN RESOURCE DEPARTMENT (978) 374-3411. IF YOU HAVE MADE A COMMITMENT TO ACCEPT A POSITION AS A SUBSTITUTE ON ANY GIVEN DAY, IT IS YOUR RESPONSIBILITY TO RECORD THE DATE, TIME, AND SCHOOL ASSIGNMENT, AS WELL AS THE TEACHER YOU ARE COVERING FOR. IF YOU CANNOT BE THERE FOR ANY REASON, PLEASE CALL THE PRINCIPAL/SUPERVISOR.

TO ALL NEW APPLICANTS: All materials in the packet must be filled out and returned to the HPS Human Resource Department before an informal interview can be set up.