

PERSONNEL SERVICES DIVISION  
DEPARTMENT OF EDUCATION  
GOVERNMENT OF GUAM  
P.O. BOX DE, HAGATNA, GUAM 96932  
(671) 475-0498

DATE: \_\_\_\_\_

ON-CALL SUBSTITUTE TEACHER  
SY 2003-2004

Name of Applicant: _____
Education: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED
Recommendation for: _____

We herewith jointly recommend the above named applicant for On-Call Substitute Teacher at the school indicated on this form.

1) Teacher's Name (Print): _____
Signature: _____ Date: _____
2) Teacher's Name (Print): _____
Signature: _____ Date: _____
3) Principal's Name (Print): _____
Signature: _____ Date: _____