



## Substitute Employee Management System Information Sheet: 2024-2025

Teachers who wish to substitute at the following locations need to complete the contact information section of this form.

### SEMS Locations:

Northern Local Schools  
MVESC Preschool  
MVESC Multiple Disabilities

### Contact Information:

**Frist Name:** \_\_\_\_\_  
**Middle Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Address Line:** \_\_\_\_\_  
**Address Line 2:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your primary phone number should be the number you use most often to receive phone calls.  
The SEMS System will use this number to Contact you. *(Note: your phone number minus the area code will serve as you ID/Access ID.)*

**Phone Six Digit Pin Number:** \_\_\_\_\_

Your six-digit pin number is a random number you create. Please select a number you will easily remember and keep your number confidential.

**8-character Password for website must contain letters & number:** \_\_\_\_\_