



Substitute Employee Management System Information Sheet: 2025-2026

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: _____