

## Emergency Non-Certified School Personnel Program Quarterly Report

District Name \_\_\_\_\_

This quarterly report runs from \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Substitute's Name	SS#	# Days Worked this Quarter	School Assigned

Superintendent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return to: Director, Division of Educator Licensure & Quality  
 Education Professional Standards Board  
 300 Sower Boulevard, 5th Floor  
 Frankfort, KY 40601  
 Phone: (502) 564-4606  
 E-mail: [kdelicensure@education.ky.gov](mailto:kdelicensure@education.ky.gov)

**This form may be copied as necessary.**