



SUBSTITUTE TEACHER CLASSIFICATION DESCRIPTION

| | | |
|--|---------------------------|----------------------|
| Job Classification Title: | Substitute Teacher | |
| Working Title(s): | N/A | |
| FLSA Status: | Exempt | Pay Grade: Ancillary |
| <i>This job classification description is intended to be generic in nature and not an exhaustive list of all duties and responsibilities. The specific tasks/duties may vary based on position assignment and as determined by the District.</i> | | |

JOB CLASSIFICATION SUMMARY

Responsible for teaching and supervising students in the absence of their assigned teacher.

DISTINGUISHING CHARACTERISTICS

This is a professional level classification responsible for teaching and supervising students in the absence of their assigned teacher.

ESSENTIAL DUTIES

The following are intended to describe core work functions of this classification. While the level and broad nature of essential duties may not change, specific work tasks will vary over time depending on the District's needs.

** In-person attendance is an essential function of this classification.*

- Reviews and delivers lesson plans developed by teacher;
- Monitors and leaves reports on classroom behavior;
- Long-term substitutes may be responsible for developing and implementing curriculum including determination of instructional resource use and delivery;
- Long-term substitutes may be responsible for developing, reviewing, revising and implementing Individual Education Plans (I.E.P.s); evaluating student performance including attendance and other record keeping; supervises students in school settings and provides feedback to parents, counselors, administrators, and health providers; plans and shares curriculum; and designs and delivers in-service training;
- As assigned, performs clerical duties such as copying, cutting, laminating, filing, word processing, data entry, and ordering and delivering materials and assists with hygiene needs of students; and,
- Performs related work as assigned.

KNOWLEDGE

- Pertinent federal, state, and local laws, codes, rules, regulations, recommendations, and statutes.
- District policies, procedures, organization structure and school requirements.
- Subject matter expertise in area of assignment.
- Behavior management techniques.
- Teaching principles and practices.
- Individual Educations Plans (I.E.P.s) and assessment tools.



SUBSTITUTE TEACHER CLASSIFICATION DESCRIPTION

- Child development.
- Safety procedures.

SKILLS

- Working under pressure to meet timelines and handling multiple and changing priorities.
- Teaching, designing instructional curriculum and materials and providing educational leadership.
- Managing behavioral problems.
- Communicating effectively, both orally and in writing.
- Customer service and public relations.
- Counseling, conflict resolution and problem solving.
- Interpreting and applying laws, regulations, codes, and policies.
- Use of a variety of computer-based technologies and other equipment.
- Establishing and maintaining harmonious working relationships with those contacted in the course of work; demonstrating tact, diplomacy and patience.

MINIMUM QUALIFICATIONS (for new hires at job entry)

Education and Experience:

Bachelor's degree in education and/or field of teaching expertise; or an equivalent combination of directly-related education and experience.

Required Certifications/Licenses:

- Valid Arizona Teaching Certificate for content or grade level of instruction.
- Arizona Fingerprint Clearance Card (FPCC).

CLASS HISTORY INFORMATION

Created: 11/2021

Amendments:



SUBSTITUTE TEACHER PHYSICAL & ENVIRONMENTAL FACTORS

OVERALL PHYSICAL STRENGTH DEMANDS:

| Physical Strength for this classification is indicated below with an "X" | |
|--|---|
| <input checked="" type="checkbox"/> | Sedentary: Exerting up to 10 lbs. occasionally or negligible weights frequently; sitting most of the time. |
| <input type="checkbox"/> | Light: Exerting up to 20 lbs. occasionally, 10 lbs. frequently, or negligible amounts constantly OR requires walking or standing to a significant degree. |
| <input type="checkbox"/> | Medium: Exerting 20-50 lbs. occasionally, 10-25 lbs. frequently, or up to 10 lbs. constantly. |
| <input type="checkbox"/> | Heavy: Exerting 50-100 lbs. occasionally, 10-25 lbs. frequently, or up to 10-20 lbs. constantly. |
| <input type="checkbox"/> | Very Heavy: Exerting over 100 lbs. occasionally, 50-100 lbs. frequently, or up to 20-50 lbs. constantly. |

PHYSICAL DEMANDS:

| C Continuously 2/3 or more time | F Frequently 1/3 to 2/3 of time | O Occasionally Up to 1/3 time | R Rarely < 1 hour per week | N Never Never occurs |
|---------------------------------------|---------------------------------------|-------------------------------------|----------------------------------|----------------------------|
|---------------------------------------|---------------------------------------|-------------------------------------|----------------------------------|----------------------------|

Note: This is intended as a description of the way the job is currently performed. It does not address the potential for accommodation.

| Physical Demand | Brief Description | C | F | O | R | N |
|-----------------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Standing | Communicating with co-workers, observing work site, observing work duties | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sitting | Desk work | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walking | To other departments/offices/office equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lifting | Supplies, files | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carrying | Supplies, files | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pushing/Pulling | File draws, tables and chairs | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reaching | For supplies, for files | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Handling | Paperwork | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fine Dexterity | Computer keyboard, telephone pad, calculator, calibrating equipment | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kneeling | Filing in lower drawers, retrieving items from lower shelves/ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Crouching | Filing in lower drawers, retrieving items from lower shelves/ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Crawling | Under equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Bending | Filing in lower drawers, retrieving items from lower shelves/ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Twisting | From computer to telephone, getting inside vehicles | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Climbing | Stairs, step stool | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Balancing | On step stool | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vision | Reading, computer screen, driving | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing | Communicating with co-workers and public and on telephone, listening to equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Talking | Communicating with co-workers and public and on telephone | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foot Controls | Driving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (Specify) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



SUBSTITUTE TEACHER PHYSICAL & ENVIRONMENTAL FACTORS

MACHINES, TOOLS, EQUIPMENT, SOFTWARE AND HARDWARE:

Basic office tools and equipment.

ENVIRONMENTAL FACTORS:

| D Daily | W Several Times Per Week | M Several Times Per Month | S Seasonally | N Never |
|-------------------|------------------------------------|-------------------------------------|------------------------|-------------------|
|-------------------|------------------------------------|-------------------------------------|------------------------|-------------------|

| Health & Safety Factors | D | W | M | S | N | Health & Safety Factors | D | W | M | S | N |
|------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Mechanical Hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Respiratory Hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Chemical Hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Extreme Temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Electrical Hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Noise and Vibration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Fire Hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Wetness/Humidity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Explosives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Physical Hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Communicable Diseases | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Physical Danger or Abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Other (Specify Below) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | | | | | | | | | |

PROTECTIVE EQUIPMENT REQUIRED:

None.

NON-PHYSICAL DEMANDS:

| C Continuously 2/3 or more time | F Frequently 1/3 to 2/3 of time | O Occasionally Up to 1/3 time | R Rarely < 1 hour per week | N Never Never occurs |
|--|--|--|---|-----------------------------------|
|--|--|--|---|-----------------------------------|

| Description of Non-Physical Demands | C | F | O | R | N |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Time Pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Situation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent Change of Tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Irregular Work Schedule/Overtime | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Performing Multiple Tasks Simultaneously | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working Closely with Others as Part of a Team | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tedious or Exacting Work | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Noisy/Distracting Environment | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify Below) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |



SUBSTITUTE TEACHER PHYSICAL & ENVIRONMENTAL FACTORS

PRIMARY WORK LOCATION

| | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> | Office Environment |
| <input type="checkbox"/> | Warehouse |
| <input type="checkbox"/> | Shop |
| <input type="checkbox"/> | Recreation/Neighborhood Center |
| <input type="checkbox"/> | Vehicle |
| <input type="checkbox"/> | Outdoors |
| <input checked="" type="checkbox"/> | Other (Specify Below) |
| | Classroom environment |



SUBSTITUTE TEACHER ACKNOWLEDGEMENT

SIGNATURE – REVIEW AND COMMENTS:

I have reviewed this description and find it to be an accurate representation of the demands of the classification.

Signature of Employee

Date

Job Title of Supervisor

Signature of Supervisor

Date

Job Title of Department Head

Signature of Department Head

Date

Comments: _____

The above statements are intended to describe the general nature and level of work being performed by individuals assigned to this classification. They are not intended to be an exhaustive list of all responsibilities, duties, and skills required. This description is subject to modification as the needs and requirements of the classification change.