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|  |  [AGENCY] *Supporting Teachers And Families Program* Employee Volunteer Application Form |

The State of New Mexico’s *Supporting Teachers And Families (STAF) Program* supports New Mexico’s teachers, students, and families by granting eligible State employees paid administrative leave to provide substitute teacher services within the New Mexico public schools, thereby providing the necessary resources to increase the substitute teacher pool and maintain safe in-person learning for New Mexico’s children.

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| Employee Name/ ID Number: |  |
| Employee Email/ Phone: |  |
| Employee Title: |  |
| Supervisor Name/Email: |  |

**With my signature and initials below, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby confirm:**

(*Employee Print Name*)

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| 1. I am volunteering to participate in the State of New Mexico’s *STAF Program* to provide substitute teacher services in the New Mexico public schools.
 | **\_\_\_\_\_\_**\_\_\_*(Employee Initial)* |
| 1. I understand that my participation in the *STAF Program* is wholly voluntary and is not a term or condition of my State of New Mexico employment.
 | **\_\_\_\_\_\_**\_\_\_*(Employee Initial)* |
| 1. I understand that my good faith participation in the *STAF Program* will have no adverse consequences on my State of New Mexico employment.
 | **\_\_\_\_\_\_**\_\_\_*(Employee Initial)* |
| 1. I understand that my eligibility/ineligibility for the *STAF Program* will be determined by [AGENCY HEAD/DESIGNEE] based on the business needs of [AGENCY] and my eligibility determination will be communicated to me with [AGENCY HEAD/DESIGNEE]’s completion of this form.
 | **\_\_\_\_\_\_**\_\_\_\_*(Employee Initial)* |
| 1. If deemed eligible to participate in the *STAF Program*, I understand that I must obtain substitute teacher licensure and background check clearance before I can provide substitute teacher services in the New Mexico public schools.
 | **\_\_\_\_\_\_**\_\_\_\_*(Employee Initial)* |
| 1. If deemed eligible to participate in the *STAF Program* and properly licensed and cleared to provide substitute teacher services, I understand that I will be able to apply for substitute teacher assignments at the New Mexico public school district(s) of my choice.
 | **\_\_\_\_\_\_**\_\_\_\_*(Employee Initial)* |
| 1. If deemed eligible to participate in the *STAF Program* and properly licensed and cleared to provide substitute teacher services, I understand that I will be permitted to accept a substitute teacher assignment for up to five consecutive workdays and that [AGENCY] will place me on paid administrative leave for the duration of the assignment up to five consecutive workdays.
 | **\_\_\_\_\_\_**\_\_\_\_*(Employee Initial)* |
| 1. I understand that if I am granted paid administrative leave for a substitute teacher assignment as part of the *STAF Program* and I do not fulfill the substitute teacher assignment, I may be disciplined, up to and including dismissal.
 | **\_\_\_\_\_\_**\_\_\_\_*(Employee Initial)* |
| 1. I understand that if I am granted paid administrative leave for a substitute teacher assignment as part of the *STAF Program,* I will receive no additional compensation for the substitute teacher services I provide.
 | **\_\_\_\_\_\_**\_\_\_\_*(Employee Initial)* |
| 1. I understand that mileage reimbursement will not be provided for travel involved in any substitute teacher assignment or otherwise involved in my participation in the *STAF Program*.
 | **\_\_\_\_\_\_**\_\_\_\_*(Employee Initial)* |
| 1. I am up to date on my COVID-19 vaccinations (i.e., I either received my COVID-19 booster vaccine ***or*** I am not yet eligible for a COVID-19 booster vaccine but have received my initial two doses of the Pfizer BioNTech or Moderna COVID-19 vaccine or my initial dose of the Johnson & Johnson Janssen vaccine.)
 | **\_\_\_\_\_\_**\_\_\_\_*(Employee Initial)* |

**Employee signature: Date:**

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**FOR [AGENCY] USE ONLY**

**Employee named above is:**

**□ ELIGIBLE □ NOT ELIGIBLE**

**to participate in the State of New Mexico’s *STAF Program*.**

**Employees eligible for the *STAF Program* can find instructions for obtaining the required substitute teacher licensure and background check on the State Personnel Office website at.**

**Agency HR signature: Date:**

**Agency Head/Designee Date:**

**signature:**

cc: Employee

 Employee Personnel File