

**AESOP Profile Sheet**  
**Miami County Educational Service Center**  
New Employee/Substitute  
Entry / Removal / Change  
Checklist

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**NEW EMPLOYEE**

Name \_\_\_\_\_ Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number w/Area Code \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employment Location: District \_\_\_\_\_ Building \_\_\_\_\_ Subject \_\_\_\_\_

Work time: (Example: 7:30 a.m. – 3:00 p.m.) \_\_\_\_\_

Certified  Non-Teaching   Classroom Aide  One on One Aide

Sub required: Yes  No  Optional  Teacher's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

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**NEW SUBSTITUTE**

Name \_\_\_\_\_ Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number w/Area Code \_\_\_\_\_ E-mail Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Certified  Non-Teaching  School Preferences: See Back

Willing to sub as an aide? Yes  No  Board Approved: Yes  No

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**EMPLOYEE / SUBSTITUTE REMOVAL**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

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**EMPLOYEE / SUBSTITUTE CHANGES**

*This form will be used to enter all employees (teacher, sub teacher, aide, sub aide, etc.) into AESOP.  
When completed please forward to Melinda Hoffert.*

<b>Office Use Only:</b> Add to Sub Addendum _____	Entered in AESOP: _____
Copy to: Melinda _____	Mailed AESOP Welcome Letter _____