

**Archdiocese of New Orleans  
Office of Catholic Schools  
Temporary Teaching Assignment**

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Maiden Last Date of Birth

**PROFESSIONAL SERVICES TO BE RENDERED**

School Session 20\_\_ - 20\_\_

Elementary/Kindergarten

Secondary

Subject areas to be taught (as listed in bulletin 741): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of School: \_\_\_\_\_

Type of Certification presently held: \_\_\_\_\_

**Bachelor's Degree from a Regionally Accredited Institution:**

Name: \_\_\_\_\_

Date Awarded: \_\_\_\_\_

Six Hours in area of Certification (for renewal only) \_\_\_\_\_ Yes \_\_\_\_\_ No

I herby certify that there is no regular certified, competent, and suitable person available for this position and that the applicant named above is the best qualified person available for employment in the position herein above described.

\_\_\_\_\_  
Signature/Title of Employing Authority

\_\_\_\_\_  
Date

I understand that in order to be considered for the Temporary Teaching Assignment in the future, I must earn six semester hours of college credit from a regional accredited institution, in the area of teaching assignment. I future verify that the information submitted on this form is accurate and valid.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date