

___ SUBSTITUTE REQUEST ___ RETURN TO DUTY
___ ABSENCE FROM DUTY

TEACHER: _____ DATE: _____

DATE(S) NEEDED: _____

SPECIFY NEED: (check all that apply)

- All Day
- Specific Classes (and who will cover if a staff member was asked)
- _____
- _____
- _____
- _____
- _____

Specify Duties (if applicable)

NO SUBSTITUTE NEEDED

SUB FOLDER LOCATION: _____

REASON FOR ABSENCE:

- Personal Business/Appointment
- Personal Illness
- Family Member Sick (spouse/child)
- School Business/Training/Testing
- Jury Duty
- Other - _____
- Family Medical Leave Act (Must apply and be approved by Principal)

I agree to report in a timely manner to the Administrative Assistant/Principal if the performance of the Substitute assigned was lacking or problematic in any way, or if anything happened in my absence that was not satisfactory.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY PRINCIPAL APPROVAL: _____

SUBSTITUTE HIRED: _____ SUB PAY DATE: _____

EMPLOYEE HAS ___ SICK/PERSONAL DAYS REMAINING. Payroll will be docked if over allowed days.

RECORDED ON TEACHER SERVICE RECORD: _____ REVISED 04/23/07