

TEACHER SCHOOL BUSINESS/SUBSTITUTE REQUEST FORM

TODAY'S DATE: _____

TEACHER REQUIRING SUBSTITUTE: _____
Print First and Last Name

DATE(S) SUBSTITUTE REQUIRED: _____

SCHOOL WHERE SUBSTITUTE IS NEEDED: _____

GRADE LEVEL/DEPARTMENT: _____ SUBJECT(S) _____

(Check One) ALL DAY _____ A.M. _____ P.M. _____ SECONDARY ONLY:
CHECK IF IN-BUILDING COVERAGE: _____

REASON FOR SUBSTITUTE: (Please check appropriate category)

TEACHING AND LEARNING DEPARTMENT:	PREARRANGED SUB:
_____ COMMITTEE WORK and/or BLUEPRINTING	_____
_____ DISTRICT PROFESSIONAL DEVELOPMENT	_____
_____ CONFERENCE/WORKSHOP (Out of District)	_____
_____ FIELD TRIP and/or STUDENT TRAVEL	_____
_____ I.E.P.C. MEETINGS/STUDENT OBSERVATION	_____
_____ SCHOOL IMPROVEMENT	_____

STUDENT COMPETITION:	
_____ ATHLETIC TOURNAMENT AND/OR LEAGUE PLAY	
_____ DEBATE/FORENSICS COMPETITION	
_____ INSTRUMENTAL/VOCAL MUSIC FESTIVALS	
_____ OLYMPIADS	
_____ QUIZ BOWL TOURNAMENTS	
_____ VOCATIONAL STUDENT ORGANIZATIONS:	NO SUB NEEDED: _____
VICA/DECA/BPA/HOSA	

NAME OF EVENT:

PRINCIPAL'S SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____

ACCOUNT CHARGED: _____ 025 _____ OTHER

FAX to one of the following: Do not send directly to Human Resources
8355 Athletics
8351 Avid Committee Work
8372 Special Services – Elementary
8371 Special Services – Secondary
1071 Teaching & Learning – Elementary/Secondary
Student Travel – Send to Administrative Assistant of EAS