

Caldwell County Schools  
1914 Hickory Blvd., SW  
Lenoir, NC 28645

PROFESSIONAL ACTIVITY- REQUEST FOR A SUBSTITUTE

- Directions: 1. The individual engaging in the activity completes and submits this form to the principal at least five (5) days prior to the activity. **Complete all highlighted areas**
- The principal signs the form and sends it to the funding provider (if outside the school setting).
  - The funding provider signs the form and enters the budget code in the space provided.
  - The funding provider keeps a copy of this form and forwards a copy to the school bookkeeper/secretary of the individual who is requesting the professional activity.
  - The school bookkeeper/secretary forwards a copy to payroll.
  - Post absence and sub (if applicable) in SmartFind, as you will be asked to provide Job # below.**

**School:** \_\_\_\_\_ Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of Teacher:** \_\_\_\_\_

**Please Check the Appropriate Category:**

Classroom Teacher \_\_\_\_\_

Special Ed Teacher \_\_\_\_\_

Vocation Teacher \_\_\_\_\_

Other: \_\_\_\_\_

**Date(s) of Activity:**

**Total number of days a substitute is needed (no less than 1/2 day at a time):** \_\_\_\_\_

**Proposed Activity (Briefly describe):**

**Title I Indicator/Goal:**  
(if applicable)

**Substitute Name:** \_\_\_\_\_ **Job #** \_\_\_\_\_

**Substitute Pay:** \_\_\_\_\_

**(To be completed by Teacher)**

**(To be completed by Office)**

Do Not Complete Below This Line  
(For Office Use Only)

I have reviewed the above request and recommend: Approval Yes  No:

Date: \_\_\_\_\_ Funding Provider's Signature: \_\_\_\_\_

Budget Code: \_\_\_\_\_