## SUBSTITUTE REQUEST FORM

DATE \_\_\_\_\_ DATE(S) SUBSTITUTE(S) NEEDED \_\_\_\_\_

## REASON SUBSTITUTE(S) REQUESTED \_\_\_\_\_

## SUBSTITUTE(S) FUNDS TO BE TAKEN FROM ACCOUNT NO.

(Account information must be completed before forwarding to the DO for processing – ONLY ONE ACCOUNT NUMBER)

## DESCRIPTION OF ACCOUNT NO.

(Example: Donation, Instruction, Induction/BTSA, Title I)

SCHOOL/		FULL	HOURS	OF JOB	IF PREARRANGED,	CONFIRMATION
DEPARTMENT	EMPLOYEE'S NAME	DAY	START	END	SUBSTITUTE NAME	NUMBER

Site Approval:					
	Signature	Date			
Department Approval:	Department Approval:				
	Signature	Date			
1. Complete form and send to the appropriate de 2. <u>If</u> the substitute has been PREARRANGED, pl					
<ol> <li>Confirmation number will be input by Humar</li> <li>IMPORTANT NOTE: PLEASE DO NOT PUT SUB REQUEST. PLEASE USE ONE SUB REQ</li> </ol>	Date Entered Entered by				
5. Sub requests must be submitted 1 week prior	to the date requested				
Rev. 10/25/2019 (db)					