



SUBSTITUTE REQUEST FORM

Employee Name:

School Site:

This request is for the following day(s) during the _____ school year.

Requested Day(s): Mon. Tues. Wed. Thurs. Fri.

Requested Date(s):

Requested Class(es):

Requested Period(s):

Tutorial: Yes No If yes, Tutorial during period

Check Box for Type of Leave/Time Off Requesting: (if other enter reason)

P- Personal Necessity **S**-Sick **B**-Bereavement **U**-Unpaid **O**-Other

Employee Signature: _____ Date: _____

Please submit your completed Substitute Request form to your assigned Instructional Coach via email. Refer to the CCA Instructional Coach listing for information on individual coaching assignments. You will receive an e-mail confirmation once a substitute has been assigned to cover your class.

For Administrator Use Only:

Total Hours: _____

Monday	Tuesday	Wednesday	Thursday	Friday
Date:	Date:	Date:	Date:	Date:
Hours:	Hours:	Hours:	Hours:	Hours:
Sub:	Sub:	Sub:	Sub:	Sub: