SUBSTITUTE/SICK LEAVE REQUEST FORM

**\*Please always inform Jan when you will be out of the building whether your absence may or may not require a substitute.\***

Teacher Requesting Substitute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) Substitute is needed: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Substitute Preferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_ Morning Duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Day/ Half Day: Morning or Afternoon

Reason for Request:

Professional: PD Day Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FFA Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FCCLA Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FBLA Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sports Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Illness: Sick Doctor Dentist

Other: Funeral for: Family or Friend

Personal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature Principal Signature

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Date(s) Substitute is needed: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Substitute Preferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_ Morning Duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Day/ Half Day: Morning or Afternoon

Reason for Request:

Professional: PD Day Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FFA Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FCCLA Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FBLA Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sports Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Illness: Sick Doctor Dentist

Other: Funeral for: Family or Friend

Personal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature Principal Signature