

**Substitute Request**

ALL REQUEST MUST BE COMPLETED 24 HOURS BEFORE DAY(S) OF LEAVE, EXCEPT IN CASE OF EMERGENCIES.

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

DAY(S) OF REQUEST LEAVE: \_\_\_\_\_

Leave Reason: \_\_\_\_\_

(School Business, Personal Leave, Sick Leave Time, Bereavement, Comp. Time)

COMMENTS: (Do you have duty?) \_\_\_\_\_

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

Requested Substitute (1<sup>st</sup> and 2<sup>nd</sup> choice)

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

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

(208)522-4432