

Human Resource Services

Request for Additional Classified Substitutes

This form is for additional / extra help ONLY.

<u>Do not</u> use this form for vacant positions or if an employee is out ill.

<u>Directions</u>: A completed copy of this form must be received by Human Resource Services <u>at least seven (7) workdays</u> <u>before the date</u> that a substitute(s) is required. **If dates required fall into different months, a separate request must be submitted for each month**. Submit to the Substitute Office; make a copy for your records. This request must be approved by Human Resource Services Associate Superintendent or Director.

TO: SUBSTITUTE OFFICE, HUMAN RESOURCE SERVICES • BOX 770 <u>OR</u> FAX: 643-9454

FROM:

	Name			Title		Date
Location					S	chool Mail Box Number
Start Date:			End	Date:		
	Indicate Month/Date(s)/Year			Indicate Month/ Date(s)/Year		
Day(s) Needed:	☐ Monday	□ Tuesday	□w	ednesday	☐ Thursday	□ Friday
Position Title	Department / School	Name of Sul Requested specify if S prearran	(Please Sub is	Report / End Time of Assignment (Must be filled in)		Substitute Office Use Only
				From:		
-				To:		
				From:		
				To:		
				From:		
				To:		
				From: To:		
				From:		
				To:		
				From:		
				To:		
SIGNATURE OF PERSON SUBMITTING REQUEST				APPROVAL OF APPROPRIATE STAFF MEMBER (When Required)		
BUDGET CODE:						
BUDGET SERVICES APPROVAL:				DATE:		
HUMAN RESOURCE SERVICES APPROVAL:				DATE:		
SUBSTITUTE OFFICE - ENTERED / RATED BY:				DATE:		

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