



Human Resource Services

Request for Additional Classified Substitutes

**This form is for additional / extra help ONLY.
 Do not use this form for vacant positions or if an employee is out ill.**

Directions: A completed copy of this form must be received by Human Resource Services at least seven (7) workdays before the date 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 OR FAX: 643-9454

FROM: _____

Name
Title
Date

Location
School Mail Box Number

Start Date: _____ **End Date:** _____

Indicate Month/Date(s)/Year
Indicate Month/ Date(s)/Year

Day(s) Needed: Monday Tuesday Wednesday Thursday Friday

Position Title	Department / School	Name of Substitute Requested (Please specify if Sub is prearranged)	Report / End Time of Assignment	
			To:	
			From:	
			To:	
			From:	
			To:	
			From:	
			To:	
			From:	
			To:	

_____ SIGNATURE OF PERSON SUBMITTING REQUEST	_____ APPROVAL OF APPROPRIATE STAFF MEMBER (When Required)
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BUDGET CODE: _____

BUDGET SERVICES APPROVAL: _____ **DATE:** _____

HUMAN RESOURCE SERVICES APPROVAL: _____ **DATE:** _____

SUBSTITUTE OFFICE - ENTERED / RATED BY: _____ **DATE:** _____

Distribution: Original – Human Resource Services; Copy – Site