

# SUBSTITUTE/ABSENCE REQUEST FORM

- Complete this form for each day you will be absent
- Complete the substitute information only if you will need a substitute
- Turn the completed form in to the office. The principal/secretary will contact the substitute coordinator

Today's Date \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Campus \_\_\_\_\_ Grade/Subject \_\_\_\_\_

I need a substitute teacher on \_\_\_\_\_, \_\_\_\_\_  
(Day of week) (Date)

Full Day \_\_\_\_\_ Half Day \_\_\_\_\_

Time \_\_\_\_\_ to \_\_\_\_\_  
(Actual time the substitute should report.) (Actual time the substitute will finish.)

Substitute should report to the \_\_\_\_\_ campus.

Please check reason for absence:

\_\_\_\_ Professional Development

\_\_\_\_ School Activity

\_\_\_\_ Sick Leave

\_\_\_\_ Personal Day (attach personal day request form)

\_\_\_\_ Personal Illness

\_\_\_\_ Family Member Illness

\_\_\_\_ Vacation Day

\_\_\_\_ Doctor/Dentist Appointment

\_\_\_\_ Family Doctor/Dentist Appointment

\_\_\_\_ Jury Duty

\_\_\_\_ Funeral-Family  
(Sick Leave Deduct)

\_\_\_\_ Funeral-Other  
(Personal Day Deduct)

\_\_\_\_ Other (Please explain) \_\_\_\_\_

\*\*\*\*\*

Office Use Only: \_\_\_\_\_ Initials of campus administrator/secretary.

\_\_\_\_\_ Date substitute coordinator contacted.