

**Request for Long Term Substitute Teacher
(over 20 days)**

This form must be completed in order to make arrangements for a long term substitute teacher.
Please submit this information to your building principal as soon as possible.

Part I: To Be Completed by Employee

Employee Name: _____ Building: _____

Teaching Assignment: _____

Dates of Absences: _____ Actual Projected

Type of Leave: _____

Employee Signature

Date

Part II: Suggested Substitutes and Building Principal approval

Names of suggested substitutes: 1) _____ 2) _____
3) _____ 4) _____ 5) _____

Signature of Principal

Date

Part III: Substitute will be assigned by Director of Curriculum

Substitute's Name: _____

Type of Licensure: _____ License Expires: _____

Substitute currently in Absence Management: YES NO (If no, substitute agrees to attend a substitute training session.)

Signature of Curriculum Director

Date

Part IV: Information Substitute needs

_____ Absence Management: instructions, login and password (*District Office will assign*)

_____ Skyward EA+: attendance instructions, login & password (*District Office will assign*)

_____ Skyward EA+ grade entry - if applicable. (*Teacher gives instructions*)

_____ Skyward Employee Access: instructions, login and password (*District Office will assign*)

_____ Internet Access permission (*District Office will obtain*)

_____ Other information that is required for this specific job assignment:

Payroll file