

Request for Substitute Teacher

This Request must be received by the Substitute Teacher Center for approval
TWO WEEKS in advance of the requested leave date.

Fax #: 451-0637

Date of Request: _____ School: _____

Teacher Name: _____ Teacher Social: _____

****Preferred Substitutes and Professional Educators will be assigned before Requested Substitutes****

Requested Substitute Name: _____ Phone Number: _____

Has the Requested Substitute accepted this job: No Yes (Computer Will **Not** call the Substitute)

Leave Date: _____ Grade/Subject: _____

Leave Reason:

(4)- Professional Development _____

(8)- Extra Person _____

(15)- Other (Field Trip, Portfolios, Conferencing, Testing, Class observation etc.)

(20)- Non-District Paid _____

Name of Organization/Grant Responsible for Reimbursement of Funds

Name of Unit/Organization Sponsoring Professional Development: _____

Local School JCPS District Office KY Dept ED Out of District

Attendee is a: Presenter Award Recipient

Principal Signature: _____

****Do Not Write Below - Substitute Teacher Center Only ****

Approved District Paid

Disapproved Reason: _____

Dr. Geneva Price, Supervisor
Substitute Teacher Center

Date