ALL SUBSTITUTE REQUESTS REQUIRE A BUDGET EXEMPTION
(with the exception of Donation accounts)

SUBSTITUTE REQUEST FORM

DATE _____ **DATE(S) SUBSTITUTE(S) NEEDED** _____

REASON SUBSTITUTE(S) REQUESTED _____

SUBSTITUTE(S) FUNDS TO BE TAKEN FROM ACCOUNT NO. _____
(Account information must be completed before forwarding to HR for processing – ONLY ONE ACCOUNT NUMBER)

SCHOOL/ DEPARTMENT	EMPLOYEE'S NAME	FULL DAY	HOURS OF JOB START	END	IF PREARRANGED, SUBSTITUTE NAME	**CONFIRMATION NUMBER

_____
AUTHORIZED SIGNATURE

1. **Complete form and send to Human Resources**
2. **If the substitute has been PREARRANGED, please write prearranged.**
3. ****Confirmation number will be input by Human Resources.**
4. **IMPORTANT NOTE: PLEASE DO NOT PUT MULTIPLE DATE RANGES ON ONE SUB REQUEST. PLEASE USE ONE SUB REQUEST PER DATE AND/OR DATE RANGE.**

*Approved*_____

*Date Entered*_____

*Entered by*_____

Rev. 7/1/2017 (cf)