

SUBSTITUTE: Special Request

I. Hire: _____ **Teacher** _____ **Paraeducator**

_____ **Nurse** _____ **Nurse (RN)**

II. Date/Time: **Date(s)** _____ **Full Day**
_____ **Bus Riding**
_____ **Part Day:** _____ **to** _____
(List Times)

III. Location: **District:** _____
Building: _____
Program: _____
Teacher: _____

IV. Reason:

_____ **Co-op Business:** _____
_____ *** Individual Aide:** _____
_____ **Long Term Sub for:** _____
_____ *** In-service Training for:** _____
_____ **Other:** _____

V. Charge to: _____ **District #** _____
_____ **Program Budget (specify)** _____
_____ **In-service**
_____ **Other**

VI. Preferred Sub: 1. _____
2. _____

Requested by: _____ **Date:** _____

Director/Designee Approval: _____
(Date)

VII. Substitute Confirmation

*** These items may result in budget increases requiring Director approval**