WARREN COUNTY SCHOOL SYSTEM

Non-Travel Only

Form to be used to request a substitute teacher for executing department responsibilities and/or staff development. Use this from when the substitute is to be charged to the *GP Department* and NOT AGAINST THE EMPLOYEE'S SICK OR PERSONAL DAYS.

Submit to *General Purpose*-ORIGINAL COPY ONLY (no faxes or emails)

Name of Teacher/Paraprofessional: _____

School: _____ **Date(s) Requested:** _____

Substitute needed (please check) _____

No substitute needed (please check) _____

Reason: _____

_____

Signature of person making request: _____ **Date:** _____

Principal's Signature (indicates approval of request): _____ **Date:** _____

Supervisor's Signature (approved / not approved): _____ **Date:** _____

Director of School's Signature: _____ **Date:** _____

CHECK ONE FOR BILLING PURPOSES.

☐ **BILL TO SCHOOL**

☐ **PRE-K**

☐ **FEDERAL**

_____

☐ **GENERAL PURPOSE**

☐ **VOCATIONAL**

☐ **SCHOOL ALLOCATION**

☐ **HEALTH SERVICE**

OTHER _____

Form will be provided to Bookkeeping Department after all signatures are obtained

9/7/18