

Avon School District Substitute Teacher & Leave Request Form

Please complete this form at least two school days prior to leave. **Submit this form to the Principal if the substitute is for a 7-12 grade teacher or Julie Mudder if the substitute is for a PK-6 grade/SPED teacher.** If no substitute is needed, give this form directly to the Business Manager.

Employee Name: _____ Class(es) to Cover: _____

Date Form Submitted: _____ Date(s) Requested: _____

Full Day Leave: Half Day Leave: AM: PM:

Select the Type of Leave Requested:

Personal Illness (Sick Leave)

Professional Leave

Event: _____

Family Illness (Sick Leave)

Personal Leave

Reason: _____

Name: _____

Long Term Leave

Relationship: _____

Reason: _____

Bereavement (Sick Leave)

Vacation

Reason: _____

Name: _____

Relationship: _____

Employee's Name

Date

Authorizing Administrator's Name

Date

****Internal Use Only****

After obtaining a substitute, please give form to business office.

Substitute Contacted: YES NO

Substitute Covering Class(es): _____

Notes: _____

Date Absence Recorded in PR: _____

Days Used: _____ Days Remaining: _____