



Human Resource Services

Request for Additional Classified Substitutes

This form is for additional / extra help ONLY.

Do not use this form for vacant positions or if an employee is out ill.

Directions: A completed copy of this form must be received by Human Resource Services at least seven (7) workdays before the date that a substitute(s) is required. **If dates required fall into different months, a separate request must be submitted for each month.** Submit to the Substitute Office; make a copy for your records. This request must be approved by Human Resource Services Associate Superintendent or Director.

TO: SUBSTITUTE OFFICE, HUMAN RESOURCE SERVICES ☐ BOX 770 OR FAX: 643-9454
FROM:

FROM: _____
Name Title Date