

AUTHORIZATION FOR SUBSTITUTE TEACHER EXCLUSION

1. This form may be completed by the classroom teacher or site secretary but must be signed by an Administrator.
2. **Human Resources will notify the substitute of this exclusion.**
3. Please return the completed form to the SubSystems Office. (Scan and email to subsystems@dsdmail.net or fax to 801-402-5354)

Date of Assignment: _____ School: _____

ClassroomTeacher: _____ Substitute Teacher: _____

Reason for exclusion:

- Did not follow lesson plans Poor classroom management
 Inappropriate conduct with student(s) Other: _____

REQUIRED: Please give specific details as this becomes part of the substitute's record:

Attach additional page if needed.

Type of exclusion:

- This teacher's classroom
 This teacher's classroom and the following employee(s): _____
 Entire school
 Recommend review from Human Resources for possible further action.

Person completing form:

Name: _____ Position: _____

Signature: _____ Date: _____

Administrator: **(REQUIRED)**

Name: _____ Signature: _____

For SubSystems Office use only: Exclusion entered in Aesop Check future assignments

Information in SubNotes Substitute notified Substitute employee number: _____