



REQUEST FOR LONG TERM SUBSTITUTE TEACHER/AIDE

(This form must be completed, submitted to the Substitute Office, and approved by a Personnel Administrator prior to Substitute Teacher starting assignment.)

Recommended Person for Assignment: TEAMS ID: Date:
 Principal/Supervisor/Originator of Request: School/Location:
 Grade Level: Content Area: Other:

Do you want this employee to have email access?

Do you want this employee to have TEAMS access for attendance and grade reporting?

Name of employee this substitute will be replacing: **OR** This is an open position PCN

Anticipated Start Date: Anticipated Ending Date: Total # of School Days in Assignment:

Status of Worker:

- Retiree
- New Employee
- Current Substitute

Funding:

- Campus *(Requires budget transfer)*
 - District
 - Federal Grant Name of Grant
- (If Grant, a Special Program Sheet is required)*

Comments:

Personnel Office Action

- Copies sent to:
- Payroll
 - Personnel Records
 - Program Secretary
 - Help Desk, if requesting email access
 - Principal/Supervisor/Originator
 - Program Director/Supervisor
 - TEAMS, if requiring Gradebook or Attendance Access