



STAMFORD PUBLIC SCHOOLS

Special Request for Substitute Coverage

Please Note: This form **must** be used for all requests for coverage of Professional Activities and Open Assignments. Also, this form **must** be submitted at least **ten (10)** school days **prior** to date of requested coverage. Fill out the form COMPLETELY- (DO NOT leave any of the items blank). Incomplete forms will be returned to you and will result in lack of coverage.

PLEASE TYPE OR PRINT CLEARLY.

SCHOOL: _____

TYPE OF COVERAGE REQUESTED: ____ Professional Activity ____ Open Assignment

DATE(S) OF COVERAGE REQUESTED: _____

Please include details relating to the Professional Activity (i.e., name of event, location, time, and purpose).

DESCRIPTION OF ACTIVITY AND HOW IT RELATES TO YOUR SCHOOL IMPROVEMENT PLAN

Please attach any print materials supporting this request (i.e., brochure, registration materials, flyer, or invitation).

OF TEACHER (S) REQUIRING COVERAGE: ____ TOTAL # OF SUBSTITUTES REQUESTED: ____

<u>PLEASE LIST FULL NAME AND CURRENT ASSIGNMENT</u>	*(PERSONNEL USE ONLY)
	JOB #

_____	_____
_____	_____
_____	_____
_____	_____

*RESPONSE FAXED: ____ / ____ / ____

WE REQUEST THIS COVERAGE BE FUNDED FROM THE FOLLOWING SOURCE: *Enter the name of the grant (PSD; ERS; Title I; Perkins). Schools with grants other than the ones listed enter grant number and account number.*

ADMINISTRATIVE CONTACT: _____ Ext. # _____

ADMINISTRATIVE SIGNATURE: _____

PLEASE FAX ALL **GRANT RELATED FORMS** ALONG WITH ANY SUPPORTING DOCUMENTATION TO:
 CHERYL POLTRACK, Office of Grants and Funded Programs – EXT. #4128
 COPY TO Pat Cunningham – FAX #4040

FOR CENTRAL OFFICE USE ONLY

APPROVED: ____ YES ____ NO SIGNATURE: _____
Assistant Superintendent

DATE: ____ / ____ / ____

APPROVED: ____ YES ____ NO SIGNATURE: _____
Deputy Superintendent

DATE: ____ / ____ / ____