

COMPTON UNIFIED SCHOOL DISTRICT

Human Resources and Employee Development

Revised 3/25/03

SUBSTITUTE TEACHER FOR SCHOOL BUSINESS REQUEST FORM
Substitute Employee Management System (SEMS)
(310) 639-4321 extension 55185

Print or type - Please make a copy of this form for your files for auditing purposes. SEE COMPLETE INSTRUCTIONS ON BACK OF FORM.

Table with 3 columns: Individual Making Request, School/Department, Extension #

Teacher Information: List the names of teachers for whom substitutes are being requested. If the school/department is different from the one above, please include the school site below. ATTACH A SEPARATE LIST OF TEACHERS, IF MORE SPACE IS NEEDED. Check if a separate list of teachers is attached.

Table with 5 columns: Teacher, Grade/Subj. Area, School Site, Name of Substitute if Pre-arranged, HRED USE ONLY Job #

Brief Event Description or Purpose (REQUIRED):

Date(s) Subs Are Needed:

Name of Program to fund substitutes.

Program Budget Number: (write the whole budget code number)

Table with 6 columns: FUND, RESOURCE/PR.YR, GOAL, FUNCTION, OBJECT, SCHOOL/LOC. Includes section TO BE COMPLETED BY THE ORIGINATOR PRIOR TO RECEIVING A JOB # with rows for Principal/Department Head, Special Projects Director, and Associate Superintendent/Deputy Superintendent.

HRED USE ONLY

Table with 2 columns for approval/denial. Left column: REQUEST APPROVED: Date, SEMS OPERATOR: Initials. Right column: REQUEST DENIED: Initials, Date, Over the districtwide limit. Event taking place before or after holiday. Not received prior to ten (10) working days from event.