



Limitation of Assignment for Substitute and Temporary Employees

_____	_____
Name of Sub/Temp	Location
_____	_____
Name of Employee for which sub/temp was needed	Date of Incident

Purpose of this form:

- Advise Human Resources of concerns
- Request to restrict employee from working at this location (Decision made by Human Resources)

A conversation to clarify expectations will often resolve the issue. Did you speak with the substitute teacher or temporary employee about your concerns?

- Yes, met with the substitute teacher/temporary employee _____
Date
- No, did not meet with the substitute teacher/temporary employee

Mark areas of concern:

- Frequent tardiness
- No shows
- Job shopping
- Frequent cancellations
- Not following lesson plans
- Excessive cell phone use
- Inappropriate attire
- Poor classroom management
- Left classroom unattended
- Left before the end of the assignment
- Discussing personal issues in class
- Foul language
- Discriminating remarks
- Discussion of inappropriate topics
- Inappropriate physical contact with students/staff/faculty
- Screaming/yelling
- Danger to themselves or others

Allegations of abuse/neglect

Allegations reported to authorities and Office of Children's Services

Date Reported: _____

Other:

**Additional
Information:**

**Building Administrator
Signature:**

_____ Date: _____

**Employee, for which
sub/temp was needed,
Signature (If applicable):**

_____ Date: _____

Sub/Temp Signature:

_____ Date: _____