

## REQUEST FOR LONG TERM SUBSTITUTE FORM

This form **must** be submitted to Human Resources prior to contacting a substitute for a long term assignment for approval. If you have any questions, please contact the Human Resources Department (248) 203-3027.

**BPS Employee Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Building:** \_\_\_\_\_

**Endorsement(s):** \_\_\_\_\_ **Full Time:**  **Part Time:**

\_\_\_\_\_

**DURATION:**

Anticipated Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Reason for Vacancy:

Leave of Absence   
  Resignation   
  Retirement   
  Unfilled Position

Other (Please be specific): \_\_\_\_\_

Preferred Substitute: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:   Denied:

**HR Use Only:**

Approved LOA:      EDUSTAFF     AESOP     BPS ID Badge

Long Term Sub: \_\_\_\_\_ First Day: \_\_\_\_\_

Tech Agreement:  Email: \_\_\_\_\_