

EUNICE PUBLIC SCHOOLS

Substitute Form

(Turn this Document into the Administration Office)

SUBSTITUTES NAME: _____

DATE: _____ PHONE # _____

SUBSTITUTED FOR: _____

NUMBER OF DAYS RETAINED: _____

FUNDING SOURCE: _____
(For example, Reads to Lead; RDA: Title I; TITLE II; Etc.)

JOB CLASS CODE: _____
(For example, 1610; 1611; 1612)

SUBSTITUTES SIGNATURE

SUPERVISORS SIGNATURE

EUNICE PUBLIC SCHOOLS

Leave & Substitute Form

(Turn this Document into the Administration Office)

EMPLOYEES NAME: _____

DATE: _____ PHONE # _____

CALENDAR DAYS ABSENT: _____
(For example: 03/12 – 03/16 *or* 03-12 thru 03-16)

- PERSONAL ILLNESS _____ DAYS
- ILLNESS IN IMMEDIATE FAMILY _____ DAYS
- DEATH IN IMMEDIATE FAMILY _____ DAYS

SCHOOL BUSINESS _____ **DAYS**

JURY DUTY _____ **DAYS**

Names of Substitutes and Dates Employed:

_____ _____ DAYS
_____ _____ DAYS
_____ _____ DAYS

FUNDING SOURCE: _____
(For example, Reads to Lead; RDA: Title I; TITLE II; Etc.)

EMPLOYEES SIGNATURE

SUPERVISORS SIGNATURE