



Serving Learners, Families, and the Community

CECIL COUNTY PUBLIC SCHOOLS DEPARTMENT OF HUMAN RESOURCES

GEORGE WASHINGTON CARVER EDUCATION LEADERSHIP CENTER
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Jeffrey A. Lawson, Ed.D.
Superintendent of Schools

William H. Malesh
President, Board of Education

REQUEST FOR LONG TERM SUBSTITUTE

TO: DEPARTMENT OF HUMAN RESOURCES

FROM: _____
(Principal)

(School)

DATE: _____

LONG TERM SUBSTITUTE REQUESTED:

**The long-term sub will assume the duties of the teacher for whom they are replacing. Therefore, hours worked will also reflect that of the regular teacher.*

(name)

(Employee ID No.)

EFFECTIVE DATE:

SUBSTITUTE WORKING FOR:

POSITION:

(Teacher, Paraprofessional, Secretary, etc)

REASON FOR ABSENCE:

(Maternity, Medical, Resignation, etc)

**APPROXIMATE TIME PERIOD LONG TERM
SUBSTITUTE NEEDED:**

**NUMBER OF TRANSITION DAYS
REQUESTED (ONLY IF NEEDED):**

DATES OF REQUESTED TRANSITION DAYS: _____

DEPT. OF H.R. USE ONLY

JOB ASSIGNMENT: _____ **PER HOUR RATE:** _____

COMMENTS: _____

APPROVED: _____ **DATE:** _____