

REMOVAL OF SUBSTITUTE FROM SCHOOL ROSTER
Do Not Use (DNU) Form

****To be Completed by the Administrator ONLY****
TM Central Calling Email: Substitutes@fwisd.org.

Date of Incident: _____

Today's Date: _____

School Name: _____

School Number: _____

Job Number: _____

Substitute Name: _____

Substitute ID: _____

Reason for Request: (Please check the appropriate boxes)

- | | |
|---|---|
| ☐ Failure to report to assignment | ☐ Inappropriate language |
| ☐ Leaving assignment without proper approval | ☐ Inappropriate behavior |
| ☐ Repetitive tardiness to assignment | ☐ Failure to follow lesson plans |
| ☐ Failure to maintain classroom control | ☐ Other - Please explain below. |
- ☐ I have spoken with the substitute about this matter.
☐ I have NOT spoken with the substitute about this matter.

PLEASE NOTE

Additional information **MUST** be given to document your request for the removal of this substitute from your roster. This information will be shared with the substitute.

Please submit any and all statements from staff and/or students

Administrator's Name (Print)

Date

Administrator's Signature

Date