



Mapleton Public Schools

Request for Substitutes Form

******Form must be received at the Payroll office by the 3rd business day after pay day******

School Director School Name Date Submitted

Reason for request (Explain in full): _____

Name of Teacher (needing substitute):	Dates Out of Office:	Full/half day:	Name of Substitute:

Indicate Funding Source (Circle One): School Paid Grant Paid District Paid

Account Code: _ _ _ - _ _ _ - _ _ _ - _ _ _ - _ _ _ - _ _ _ - _ _ _

Signature of School Director:

Signature

Name of Budget Approver (if different from School Director):

Print Name

Signature