

Request for Long Term Substitute Teacher (over 20 days)
School District of Ashland

This form must be completed in order to make arrangements for a long term substitute teacher. Please submit this information to your building principal as soon as possible.

Part I: To Be Completed by Employee

Employee Name: _____ Building: _____

Teaching Assignment: _____

Dates of Absences: _____ Actual ☐ Projected ☐

Type of Leave: _____

What are the requirements to be a long-term substitute? **PI 34.34** states "a long-term substitute may be employed **only** in the subject and grade level in which the teacher is licensed. An emergency license or permit may be granted to a long-term substitute". Please list 3 choices for a long term sub. Please note this does not guarantee that one of these people will be your long term sub. List in order of preference.

Name of Substitute

Phone

Signature of Teacher

Date

Part II: To Be Completed by Building Principal

Name of chosen substitute teacher: _____

Signature of Principal

Date

Part III: To Be Completed by Director of Curriculum

License verified: ☐ Expires: _____

Signature of Curriculum Director

Date

Personnel file

Payroll

Building Principal

02/27/12