

Extra Substitute Prior Approval Form

School: _____

Date(s) Extra Subs Being Requested (if not consecutive please list out dates):

Number of Substitutes being requested: _____ Per Day

Reason for requesting extra sub(s) (to be placed in admin note section of software):

Fund paying for request: _____

**** Substitutes may be reassigned to fill regular absences if needed.
Principal will be notified immediately when that need arises.**

**** School may be subject to pay if prior approval is not requested.**

Principal Signature

Date

Program Administrator Signature

Date

CSFO Signature

Date

Date Approved to enter in system software: _____