

**CABELL COUNTY SCHOOLS
SUBSTITUTE REQUEST FORM**

INFORMATION:

School/Location: _____

Position (Subject/Grade): _____ ☐ Professional OR ☐ Service

Employee: _____ Absence Reason: _____

TYPE & DATE(S) OF REQUEST: (Please check one reason)

_____ **Absence (30 days or longer)**

_____ **Vacancy** **Due To:** _____ Transfer _____ Resignation/Termination (circle one) _____ New Position

_____ **Extra Help (Must be approved by Central Office Supervisor before Personnel Approval)**

Please list reason for extra help: _____

Date Job/Absence **Begins:** _____/_____/_____ Date Job/Absence **Ends** _____/_____/_____
Date Time Date Time

SUBSTITUTE INFORMATION:

Name of Requested or Assigned Substitute: _____

**If no name is listed, the TSSI Callout System will assign a substitute.*

Has a substitute been notified & confirmed? _____ Yes _____ No

Principal's Signature

Date

*****CENTRAL OFFICE USE ONLY*****

EXTRA HELP REQUESTS - DEPARTMENT SUPERVISOR APPROVAL: ☐ Approved OR ☐ Denied

Dept Supervisor

Authorized Signature: _____ **Date:** _____

Finance Budget Code for Extra Help Substitute Payroll: _____

PERSONNEL APPROVAL: ☐ Approved OR ☐ Denied

Personnel

Authorized Signature _____ **Date:** _____

Board Agenda Date (if applicable): _____

Professional Personnel Only: _____ Valid WV Teaching Certificate in Subject OR _____ Valid WV Substitute Permit

PAYROLL: **Finance Authorization Code:** _____ **Job #:** _____