

REQUEST FOR SUBSTITUTE AND/OR DAY(S) OF ABSENCE



I, _____, am requesting a substitute for the following:

Date(s): _____ Full Day(s): ___ AM Only: ___ PM Only: ___

Reason:

- Sick (Self) Sick (Family) Sick (Dr. Appointment)
- Personal Vacation
- School Business (attach approved conference request form)

I certify that the leave I am requesting is in accordance with the policy manual of Lunenburg County Public Schools.

Employee's Signature:

Date

For Office Use Only:

Name of substitute assigned:

Approved: _____

Disapproved: _____

Principal's/Administrator's Signature:

Date