

# 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