**NEEPAWA MIDDLE SCHOOL SUBSTITUTE REQUEST FORM**

Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substitute Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) Required: Please fill out a separate sheet if not consecutive days in a week.

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| Please circle the periods that you require the substitute teacher to cover classes. (Do not circle your preps or when coverage is not needed.)  **Date: Day of Coverage Required**  **Cycle**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ 1 2 3 4 5 Noon 7 8 9 10**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ 1 2 3 4 5 Noon 7 8 9 10**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ 1 2 3 4 5 Noon 7 8 9 10**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ 1 2 3 4 5 Noon 7 8 9 10** |

Please switch duty with someone, if you have duty on this/these date(s).

Reason for Absence: (Please circle one)

Family Medical Field Trip

Medical Appt. Compassionate

Illness Bereavement

Personal Day School Sporting Event

Your Extra Curricular Day MTS Duties

Grade Group Facilitator/MRLC Facilitator BPSD Meeting

Professional Development: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_