
PERSONNEL COMMISSION



CLASSIFIED SUBSTITUTE REQUEST INSTRUCTIONS

The **Classified Substitute Request form** has been updated to allow the same form to be used when requesting substitute for other classifications that require pre-approval. A separate form should be used for each substitute request. The basic format remains the same as the previous form. The **Classified Substitute Request Form** is interactive and may be completed on the computer.

Step 1 – Complete the General Information

Date: The date the form is being completed.

Site: Department or Site requesting the substitute.

From: Principal or Site Administrator

Classification: Substitute Classification desired. If not listed, under “Other” enter the classification.

Step 2 – Complete the Request Information

Start: Start date for your request

End: End date for your request. The date is required.

Start Time: Time the shift begins (Ex. 8:00 AM)

End Time: Time the shift ends (Ex. 4:30 PM)

Days of Week Worked: Days of week (Ex. Monday-Friday, Mon, Wed, Fri or Monday etc.)

FTE %: Full Time Equivalency (FTE) for the position (e.g. 100%, 80%)

Substitute Requested: This section is *optional*. Type in the name of a desired substitute. Personnel Commission will make every attempt to ensure the desired substitute is assigned to cover your request. There is no assurance that the requested substitute will be available and assigned.

Step 3-Type of Coverage (Substitute, Provisional or Limited Term Position)

Substitute/Provisional: The existing employee is on an authorized absence, a vacancy opens due to establishment of new position OR an existing employee vacates a position.

Limited Term Position: A substitute employee is needed for six consecutive months or less during the school year to work on a special project OR other additional work.

Step 4- Complete the section required for the type of coverage selected.

Substitute/Provisional:

Option #1: Name of employee and specify reason for the absence. If the request is for clerical staff, include any other office staff for consideration.

Option #2: A VA # is required for all requests submitted for a vacant position include name of former employee and select the reason for leaving. If reason is not listed, select “Other” and enter a reason.

Limited Term Position:

Specify reason for the request. Funding resources must be identified. Please check the proper funding option and include the account code under the designated space.

Step 5 –Approver’s Signature and Submission

Approver’s Signature: Collect the signature and date under "Approver’s Signature" and/or submit to the designated office for approval.

PERSONNEL COMMISSION



CLASSIFIED SUBSTITUTE REQUEST

Date: _____ Site: _____ From: _____
Principal/Site Administrator

Classification: Int Office Asst Campus Staff Assistant IA Special _____
Other

Request Information

Start: ___/___/___ End: ___/___/___ Start Time _____ End Time _____
(month/day/year) (month/day/year) (a.m./p.m.) (a.m./p.m.)

FTE _____ Days of Week Worked: _____

Substitute Requested:
(Optional)

Full Name: _____

Substitute/Provisional

#1 Absent employee:

Specify Reason: Include Other Office Coverage (IOA, Community Worker, etc.)

Name of Employee

#2 Interviewing process
(vacant position):

Name of former employee: _____

VA# _____

Transfer Retired Resigned Other _____

Limited Term Position

Specify Reason:

Special Funding*:

Acct # _____

Site Funding*:

Acct # _____

UPON COMPLETION PLEASE SEND TO YOUR ASSISTANT SUPERINTENDENT/OR DEPT. ADMINISTRATOR FOR APPROVAL

- Denied (Return to Site)
 Approved
 Approved (Site Funds Only)*

- To: Personnel Commission
 To: Principal/Site Administrator
 Copy: Office Supervisor
 To: Program Accounting

Approver's Signature
(Asst. Superintendent, Dept Administrator, Director etc.)

Date

Date