

**Conejo Valley Unified School District
Personnel Services Office
SUBSTITUTE REQUEST FORM**

Please avoid scheduling Monday and Fridays. These days will not be approved.

Please email this form to the attention of: Human Resources AT LEAST 10 WORKING DAYS prior to the requested date. This form is to be used for conferences, roving subs, meeting coverage, etc. It is **NOT** to be used for illness or personal necessity coverage. Once approved, a signed copy will be faxed to the site. Teachers will be responsible for creating their own absences.

School Site _____ Date _____ Requesting Administrator _____

I am requesting additional substitutes for the following reason(s) (do not use for PN or illness): _____

FOR PERSONNEL SERVICES USE ONLY						
Teacher Name or Rover Sub	Sub Request Date	Time or Periods	Funding Source	Filled/Unfilled		Substitute Name

Administrator Signature _____ Date _____

FOR PERSONNEL SERVICES USE ONLY

Reason(s) Approved Disapproved _____

 Jeanne Valentine, Assistant Superintendent, Personnel Services _____ Date _____

Copies: Site _____
 Human Resources Assistant _____