



Conejo Valley Unified School District
Human Resources Office
SUBSTITUTE REQUEST FORM

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

Please email this form to the attention of: Michelle Jenks, mjenks@conejousd.org AT LEAST 10 WORKING DAYS prior to the requested date. This form is to be used for any conferences, roving subs, meeting coverage, etc., where more than 3 subs will be used at the school site. 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. **Failure to complete and submit this form 10 days prior to the requested date may result in release subs being pulled to cover illness and personal necessity absences.**

School Site _____ Date _____ Requesting Administrator _____

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

FOR HUMAN RESOURCES USE ONLY

Teacher Name or Rover Sub	Sub Request Date	Time or Periods	Funding Source	Filled	Unfilled	Substitute Name

Administrator Signature _____

Date _____

FOR HUMAN RESOURCES USE ONLY

Reason(s) ___ Approved ___ Disapproved _____

Jeanne Valentine, Assistant Superintendent, Human Resources _____

Date _____

Copies: Site and Human Resources