CABELL COUNTY SCHOOLS
SUBSTITUTE REQUEST FORM

INFORMATION

School/Location: _____

Position (Subject/Grade): _____ ´ Professional OR ´ Service

Employee _____ Absence Reason _____

TYPE & DATE(S) OF REQUEST (Please check one reason)

_____ Absence (30 days or longer)

_____ Vacancy D

_____

Date Job/Absence Begins _____/_____ Date Job/Absence Ends _____/_____
Date Time Date Time

SUBSTITUTE INFORMATION

Name of Requested or Assigned Substitute: _____
*If no name is listed, the TSSI Callout System will assign a substitute.

Has a substitute been notified & confirmed? _____ Yes _____ No

_____ _____
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CENTRAL OFFICE USE ONLY

EXTRA HELP REQUEST – DEPARTMENT SUPERVISOR APPROVAL: ´ Approved OR ´ Denied

Dept Supervisor
Authorized Signature: _____ Date: _____

Finance Budget Code for Extra Help Substitute Payroll _____