

## Time-Off Request Form

### Substitute Tracking for Faculty & Administrative Employees

***Form is to be completed by Employee Requesting Time Off***

This form has multiple purposes including payroll processing, substitute tracking and paid time off tracking. Hourly employees must receive prior authorization for scheduled time off from their Lead Teacher (EC) or Administrative Director (All), Grades Teachers must receive prior authorization for scheduled time off from the Faculty Chair. This form will also be used by the Administrative Office for tracking time off for payroll processing.

Name: \_\_\_\_\_ Class(es) to cover: \_\_\_\_\_

Form Submitted (Date): \_\_\_\_\_ Date(s) Requested: \_\_\_\_\_

**Check One:**

☐

Scheduled

OR

☐

Unscheduled

**Check One:**

☐

Personal / Sick / Vacation

☐

Mentoring

☐

Professional Development / Compliance

☐

Other (Please specify):

\_\_\_\_\_  
\_\_\_\_\_

**Check if Applicable:**

☐

Notify Class Parents

☐

Complete & Post Sub Coverage Calendar

<u>DATE</u>	<u>START TIME</u>	<u>END TIME</u>	<u>SUB – WHO IS COVERING?</u>

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Director's Signature (if scheduled)

\_\_\_\_\_  
Date

*To be completed by Administrative Staff*

Days Used: \_\_\_\_\_

Days Remaining: \_\_\_\_\_

Notes: \_\_\_\_\_

Teacher or Faculty Authorization by: \_\_\_\_\_

\_\_\_\_\_  
Administrative Director's Signature (If unscheduled)

\_\_\_\_\_  
Date