

## **Teacher Absence Request Form**

Please note: this request form must be submitted to the office AT LEAST 3 weeks before the date requested. Lessons should only be missed in **extreme** circumstances. In the case of illness, this form will be completed by the office.

Гoday's date:	_	
Name:		
Date/s required:		
Reason:		

After handing in this form, the office will contact you to let you know if this request has been approved. Your Regional Co-ordinator will contact the replacement teacher (this needs to be a teacher who has had the relevant training) and let you know the outcome. If you have a suggestion/recommended teacher, please let us know.

It is up to **you** to provide the replacement teacher with a detailed lesson plan prior to the class (preferably one week before).

## Office use only

Date of lesson	Class code/s	Name of approved replacement teacher	Approved Ed Co (signature)	Approved Admin (signature)	Pay amended (signature)	Both teachers confirmed?