



South Central Conference Department of Education



Request for Substitute Allowance

NAME OF SCHOOL: _____ CITY: _____ STATE: _____

SIGNATURE: _____ DATE: _____

LEGEND FOR REASON OF ABSCENCE

D - Death in the Family **J** - Jury Duty **P** - Personal Leave **S** - Sick Leave

#	NAME OF TEACHER	REASON FOR ABSENCE	DATE(S)	NAME OF SUBSTITUTE	DAILY RATE	TOTAL PAID	# OF DAYS ABSENT THIS YEAR	# OF DAYS LEFT THIS SCHOOL YEAR
1								
2								
3								
4								
5								
6								
7								
8								
9								

----- DO NOT WRITE BELOW THIS LINE -----

FOR DEPARTMENT OF EDUCATION OFFICE ONLY

AMOUNT TO BE SUBMITTED TO SCHOOL _____

APPROVED BY _____

DATE: _____

REASON FOR DENIAL

EXPLANATION _____
