

Certified Staff Only

LONG-TERM SUBSTITUTE RECOMMENDATION FORM

Date: _____

School: _____ Principal: _____

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A Long-Term Substitute is needed for the following employee:

Employee Name: _____

Substitute Name: _____

Expected Date Leave is to begin: _____

If the date the employee actually leaves is different than stated above, Human Resources must be notified.

If known, Expected Date of return: _____

Human Resources must be notified when the long-term sub's assignment has ended.

Is applicant currently on the Substitute List? Yes No (Please \checkmark)

If no, please complete all information below.

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COMPLETE THIS PORTION ONLY IF SUBSTITUTE IS NEW HIRE

Applicant Address: _____

Applicant Phone Number: _____

References: *(Two References Must be Checked)*

1. _____
Name Organization, City, State

2. _____
Name Organization, City, State

Principal's Signature

Supervisor's Signature *(if required)*

Signature-Director of Human Resources