

**West Caldwell High School
300 West Caldwell Drive
Lenoir, North Carolina 28645**

PROFESSIONAL ACTIVITY – Request for a Substitute

This form is to be used if the activity is to be paid by West Caldwell, not an outside provider

Directions: Complete the form and submit it to the Principal or designee at least (5) days prior to the activity. *The Principal/designee will return form to Mrs. Jenkins.*

Teacher: _____ Date: _____

Account to fund Substitute: _____

Signature of Principal/Designee: _____ Date: _____

Date(s) of Activity: _____

Total number of days a substitute is needed (no less than ½ day at a time): _____

Proposed Activity (Describe Briefly):
