

Caldwell County Schools 1914
Hickory Blvd., SW Lenoir, North
Carolina 28645

PROFESSIONAL ACTIVITY - REQUEST FOR A SUBSTITUTE

- Directions:
1. The individual engaging in the activity completes and submits this form to the principal at least five (5) days prior to the activity.
 2. The principal signs the form and sends it to the funding provider (if outside the school setting).
 3. The funding provider signs the form and enters the budget code in the space provided.
 4. The funding provider keeps a copy of this form and forwards a copy to the school bookkeeper/secretary of the individual who is requesting the professional activity.
 5. The school bookkeeper/secretary forwards a copy to payroll.

School: _____ Signature of Principal: _____

Name of Teacher: _____ Date: _____

Please Check the Appropriate Category:	
Classroom Teacher	_____
Special Ed. Teacher	_____
Vocational Teacher	_____
Other	_____

Date(s) of Activity:

Total number of days a substitute is needed (no less than 1/2 day at a time): _____

Proposed Activity (Briefly describe): _____

Do Not Complete Below This Line

(For Office Use Only)

I have reviewed the above request and recommend: Approval Yes ____ No ____

Date: _____ Funding Provider's Signature: _____

Budget Code: _____