

**CHINO VALLEY UNIFIED SCHOOL DISTRICT  
DIVISION OF HUMAN RESOURCES**

**SCHOOL BUSINESS SUBSTITUTE REQUEST**

SITE/DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF WORKSHOP/MEETING/CONFERENCE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

FUNDING NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

<u>SCHOOL</u>	<u>TEACHER</u>	<u>GRADE/SUBJECT</u>	<u>DATE(S) NEEDED</u>	<u>DAY(S) OF WEEK</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NUMBER OF SUBSTITUTE TEACHERS AT SITE SCHEDULED FOR SCHOOL BUSINESS ON THIS DATE(S): \_\_\_\_\_

PURPOSE OF ATTENDANCE: \_\_\_\_\_

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REQUEST FOR SUBSTITUTES MUST BE RECEIVED BY HUMAN RESOURCES TEN (10) SCHOOL DAYS PRIOR TO THE DATE REQUESTED.

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DATE RECEIVED IN HUMAN RESOURCES: \_\_\_\_\_

**AUTHORIZATION SIGNATURES –**

REQUESTING ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

PROFESSIONAL DEVELOPMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

PROGRAM ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

HUMAN RESOURCES: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_