



Once entered into ATRIEVE by the location paying for the substitute, this form must be sent to Human Resources.

**EMPLOYEE WORKING AT ANOTHER SCHOOL
SUBSTITUTE REQUIRED**

TO BE USED WHEN ANOTHER LOCATION WILL BE PAYING THE COST OF THE SUB.

Name of employee working at another school:

Employee's assigned school: _____

Name of location/department paying the cost of the substitute:

ASSIGNED SCHOOL: PROVIDE THIS INFORMATION.

Substitute Teacher Casual 1825

Name of substitute: _____

Date(s) required: _____

- a.m.
- p.m.
- Full day

Reason for substitute (enter in comment section in ATRIEVE):

Principal/Direct Report Signature

Date

Once authorized, forward this form to the principal/direct report of the location that will be paying the cost of the sub, for final approval and entry into ATRIEVE using #99999 as the absent employee.

By signing this form, you are authorizing to pay the cost of the sub, as indicated above, from your budget.

Principal/Direct Report Signature

Date

HR use only:
LMS _____
P/R _____

G/L Code