

**Conejo Valley Unified School
Human Resources Office
SUBSTITUTE REQUEST FORM**

**Please avoid scheduling Monday and Fridays.
These days will not be approved.**

Please email this form to the attention of: Oscar Seman, Oseman@conejousd.org AT LEAST 10 WORKING DAYS prior to the requested date. This form is to be used for any conferences, roving subs, meeting coverage, etc., where more than 3 subs will be used at the school site. It is **NOT** to be used for illness or personal necessity coverage. Once approved, a signed copy will be faxed to the site. Teachers will be responsible for creating their own absences. **Failure to complete and submit this form 10 days prior to the requested date may result in release subs being pulled to cover illness and personal necessity absences.**

School Site _____ Date _____ Requesting Administrator _____

I am requesting additional substitutes for the following reason(s) (**do not use for PN or Illness**) : _____

Teacher Name or Rover Sub	Sub Request Date	Time or Periods	Funding Source	Onsite	Offsite

Administrator Signature _____ Date _____

FOR HUMAN RESOURCES USE ONLY

Reason(s) ___ Approved ___ Disapproved _____

 Robert Iezza, Deputy Superintendent, Human Resources _____ Date _____

Copies: Site and Human Resources