



HUMAN RESOURCES

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## Request for Long-term Substitute

**Note:** This form does not eliminate the employee's responsibility for completing appropriate leave forms.

<b>School:</b>	<b>Employee Needing Substitute:</b>
<b>Reason for request:</b>	<b>Approximate duration/dates:</b>
<b>Substitute Requested Name:</b>	

### Routing Approval Signatures:

<b>Principal:</b>	<b>Date:</b>
<b>Director of Human Resources:</b>	<b>Date:</b>

#### To administrator requesting substitute:

- Your request has been approved for \_\_\_\_\_. If the need extends beyond this time, a written request should be submitted.
- Your request has been denied. Reason: \_\_\_\_\_

Approved rate of pay: \_\_\_\_\_