

**South Carroll County Special School District
Request for Leave**

Type of Leave:

Sick
 Personal
 Professional Development _____

Teacher _____ Date of Report _____

Date(s) Absent _____ Number of Days _____

Name of Substitute Teacher _____

Signature of Teacher _____

Approved by Principal/Director of Schools _____

NOTE: A separate form must be filed for each substitute teacher working during the teacher's absence. This form ***must be signed*** by the teacher and ***approved*** by the principal/director. All forms must be ***completed and submitted*** to Ms. Terri Johnson within five (5) days after returning to work.

Report of Substitute Teacher

Each time you serve as a substitute, ***you must complete this form to be paid.*** A separate report must be completed for each teacher for whom you substitute. This report must be filed with Ms. Terri Johnson at the end of each day. Substitute teachers must report to the principal's office prior to reporting to the classroom and must report back to the principal's office prior to leaving.

Substitute's Name _____ Date _____

Teacher's Name _____

Was there a daily schedule for you to follow? Yes No

Were lesson plans available? Yes No

Did you follow lesson plans left by the teacher? Yes No

Was there an up-to-date seating chart? Yes No

Did you encounter any difficulty? (Comments on Back) Yes No

Write any other comments on back of this sheet.