

DISTRICT/AGENCY INITIATED SUBSTITUTE REQUEST

INSTRUCTIONS: Call Sub Office before planning a workshop or meeting to reserve date. Complete additional form(s) if the days to be served are not consecutive. Human Resources requires ten (10) working days' notice for processing. **FUNDING SOURCE information IS REQUIRED.** If an outside agency is paying the sub cost, documentation must be attached. If not provided, the DI sub will be charged to the site workshop sub account. Print completed forms and mail to Human Resources, mailstop 33-192 or fax to 206-743-3022.

DATE: _____	CONTACT NAME/PHONE No: _____
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FUNDING SOURCE (Check one): SCHOOL BUDGET OTHER (Explain): _____

TYPE OF SUBSTITUTE AND REASON (Check one):	FUNDING SOURCE (General Fund):			FUNDING SOURCE ASB		
Certificated:	FUND	COST CENTER	CI	FUND	COST	CI
<input type="checkbox"/> Workshop/Other DI (Class name & sponsor): _____	2 0 4 3	-----	-----	7 0	--	-----
<input type="checkbox"/> Class overload	2 0 4 3	-----	-----	7 0	--	-----
<input type="checkbox"/> Vacant position already in budget	2 0 4 1	-----	-----	7 0	--	-----
Classified:	FUND	COST CENTER	CI	FUND	COST	CI
<input type="checkbox"/> Workshop/Other DI (Class name & sponsor): _____	3 0 4 3	-----	-----	7 0	--	-----
<input type="checkbox"/> Class overload	3 0 4 3	-----	-----	7 0	--	-----
<input type="checkbox"/> Vacant position already in budget	3 0 4 1	-----	-----	7 0	--	-----

EMPLOYEE INFORMATION

Date(s)	Certificated (Check one)			Classified Hours		Employee Name/Job Title	School/Program	Grade/Subj	Substitute Name	Agreed
	AM	PM	All day	From	To					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Approval: Principal/Manager _____