

# SUBSTITUTE REQUEST/RECOMMENDATION FORM

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**INSTRUCTIONS TO SUBSTITUTE:** Please complete the top portion of this form. You will need to leave the form with one school to complete the bottom portion of the form. You will be contacted in writing by the County Office with the decision.

NAME OF SUBSTITUTE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CONTACT PHONE #: \_\_\_\_\_

CHECK ONE:       COMPLETED SUBSTITUTE TRAINING CLASS  
                           HOLD A VALID/EXPIRED TEACHING CERTIFICATE

REFERENCES:

Name	Official Position	Phone Number
1.		
2.		
3.		

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**INSTRUCTIONS FOR ADMINISTRATOR:** Please contact a reference from the above list. Choose your recommendation. Please send the complete form to County Office. Substitute will be available after you have received the Substitute Teacher Verification form that Human Resources issues to the substitute.

Name of Reference:                              Comments:

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommend  
 Not Recommend

\_\_\_\_\_

Administrator's Signature

\_\_\_\_\_

Date