

DUBOIS AREA CATHOLIC SCHOOL

REQUEST FOR SUBSTITUTE

2019-2020

NAME \_\_\_\_\_

GRADE/SUBJECTS \_\_\_\_\_

REQUESTING A SUBSTITUTE FOR THE FOLLOWING DATE(S):

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DAY/DATE

Reason for absence: (Number of Days)

\_\_\_\_\_ Illness

\_\_\_\_\_ Personal Day (Must be approved 5 days before)

\_\_\_\_\_ Bereavement

\_\_\_\_\_ Jury Duty

\_\_\_\_\_ Conference

\_\_\_\_\_ Off grounds with a class

Approved by Mrs. Miller \_\_\_\_\_ (date)

Substitute Name: \_\_\_\_\_

Copy Given to Mr. Anderson \_\_\_\_\_

Date Submitted: \_\_\_\_\_