

Carroll County Public Schools

Authorization for Professional Absence / Request for Substitute

From: _____
Principal
Supervisor
Director / Cost Center Admin.

Form Submitted for: _____

School / Cost Center

Reason for Request: _____

Location of Professional Activity: _____

Date(s): _____

Multiple teachers/dates (must be from same cost center) may be listed on 1 form; however, each sub/job# must be listed below. If dates are not within the same pay period, copies of this form must be submitted with your school's payroll each pay period.

Time: _____ AM _____ PM _____ Full Day _____ No Sub Needed

Substitute Information - Please complete Sub/Job# Info before submitting this form with your school's payroll

Substitute	Job Number	IAIC	Non-degreed	Degreed/ Certified Permanent

Financial Code

Fund	Class	Cat.	Prog.	Serv. Area	Act.	Proj.	C.C.	Obj./Sub

Finance to invoice the following outside organization for reimbursement of substitute costs:
 Organization: _____
 Invoice to the Attention of: _____
 Mailing Address: _____

Signatures Required:

Principal	Date
Supervisor	Date
Director / Cost Center Administrator	Date

Separate form required to travel out of county (Inservice Permission Form)
 Turn around time for substitute forms is 7 days minimum - Please plan accordingly

Form generated by: _____
Name
Date

Note: This form does not have to be on green paper!