



# Substitute Request Form

## A. Applicant's Basic Information

For School Use only

Date of Application \_\_\_\_\_

Teacher  or Support Staff

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

School: \_\_\_\_\_

## B. Inservice/Workshop Information:

Inservice/Workshop Name (In Full): \_\_\_\_\_

Location of Workshop: \_\_\_\_\_

Workshop Date(s): \_\_\_\_\_

# of Substitute Days Required \_\_\_\_\_ Substitute required for AM \_\_\_\_\_ PM \_\_\_\_\_ Full day \_\_\_\_\_

## C. General Ledger Account to be Charged:

*Administrator signature required below*

School Account # for Substitute \_\_\_\_\_

Principal or Designate: \_\_\_\_\_

AND

If Divisional, please print name of person responsible for costs: \_\_\_\_\_

*Senior Administrator or Program Leader to complete*

*Senior Administrator or Program Leader signature required below*

Divisional Account # for Substitute \_\_\_\_\_

Divisional Approval: \_\_\_\_\_

OR

Other Account (Outside the Division ie: Manitoba Education): \_\_\_\_\_

If costs are to be charged to Manitoba Education or to some other organization, please provide Letter with the Name of Consultant or project leader and address is required for billing purposes.

OR

If request is for Union purposes, please send in the approved Personal Leave form only. This form not required.

**Mileage and Registration reimbursements are to be submitted on the Monthly Claim for Expenses**