

SUBSTITUTE TEACHER REQUEST

Date: _____

To: _____:

I plan to be absent from school on _____, 20____ for the following reason:

_____ School Sponsored Activity (_____)

_____ Participating in Civic or Professional Organization

_____ Other, State Reason: _____

_____ Medical and Sick Leave. Requires certification:

I wish to apply my Medical and Sick Leave benefits to this absence. I certify that my absence is due to an illness (mine or relative/dependent) or for the purpose of attending a medical appointment. I further certify that such absence qualifies as Medical and Sick Leave under policy GCBDA/HG.

Signed: _____

Signature of Teacher