

ES Substitute Request

(This form is to be used by an ES, an ES Advisor, or Admin to request a temporary substitute)

Mail completed form to: ES Support, 1166 Broadway Suite Q CA 95667

If the ES is able, all student information needed by the substitute needs to be provided to the ES Advisor before the leave begins.

_____ Dates of leave requested or _____ Date for "Clean-up" to begin

ES Number: _____ ES Name: _____

ES Phone Number: _____ ES E-mail: _____

ES Advisor: _____

This request is being submitted by:

Check one: ES ES Advisor Admin: _____

I am requesting a leave from my current position as an ES for:

_____ Current Number of Active Students

_____ Days of paid leave requested (1 to 20 days)

_____ Days of non-paid leave requested

(This request will be evaluated on a case-by-case basis. You will be notified of the status of your request.)

Select the applicable reason:

_____ Maternity

_____ Death in the family

_____ ES Illness

_____ ES Disability

_____ Past Record "Clean-up"

_____ Other (Explain below)

Please explain clearly the need for a substitute. This information will be used to approve or deny this request: (You may attach an additional page if needed)

For Office Use Only:

This leave has been: _____ Approved _____ Denied _____ Modified

Requester notified on: _____ Personnel/Payroll notified on: _____

Leave dates approved: _____ Total Days of leave: _____ Days Paid: _____

Substitute Assigned: _____

Approved by: _____

Administration Signature

