



## Request for Allowance for Teacher in Charge / Substituting for an Administrator

The teacher should complete the form below and submit it to their principal for confirmation. The principal shall sign and enter the reason for substitution and forward the completed form to the manager of Human Resources for processing.

Name:

ID No.:

School/Location:

Elementary

Secondary

Date(s) of Substitution	Select part of day worked:			Reason for Substitution
	AM/ PM / FULL DAY			(TO BE COMPLETED BY PRINCIPAL)
	AM	PM	FULL DAY	
	AM	PM	FULL DAY	
	AM	PM	FULL DAY	
	AM	PM	FULL DAY	
	AM	PM	FULL DAY	

Teacher Signature		Principal Signature	
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**Board Office Use Only**

HR Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

ELEMENTARY                      G/L 0100-10-000-170-1 100                      Pay Date: \_\_\_\_\_

SECONDARY                        G/L 0299-10-000-170-4 200                      Pay Date: \_\_\_\_\_