MISSION COLLEGE
REQUEST FOR SUBSTITUTE

Instructions: All substitute requests must have signature approval by Department Chair, Division Chair, and Vice-President of Instruction prior to absence. Request must be confirmed with an absence report from the instructor requesting substitution and certificated timesheet from the instructor providing substitution. These forms are to be submitted to Admin Specialist-Personnel for budget numbers, signatures, and forwarding to Human Resources/Payroll.

Name of Instructor Requesting Substitution

Date(s) of Substitution  ___________________ Dept/Division  ______________________________

Reason for Substitute Request

Name of Instructor(s) Providing Substitution

Information on each class that will need to be covered (Section(s), Day(s), Time(s)

________________________________________________________

________________________________________________________

Department Chair Approval  ________________________________  Date  _____________

Division Chair Approval  ________________________________  Date  _____________

V.P. of Instruction Approval  ________________________________  Date  _____________

Place ( X ) on completed paperwork submitted to Admin-Specialist, Personnel (attach):

Absence Report  Substitute Form  Certificated Timesheet  Sub-Contract (if applicable)

Last Revised 10/03/01