

**General Personnel
Work Substitution Authorization**

Name: _____ Date: _____

Position: _____ Location: _____

I'm requesting to **take off** my normally scheduled work day of:

a.m. a.m.

p.m. p.m.

Date: _____ Hours: _____ to _____ Total Hours: _____

The reason for this request is:

To make up for this absence, I will **substitute** my non-scheduled work day of:

a.m. a.m.

p.m. p.m.

Date: _____ Hours: _____ to _____ Total Hours: _____

**Request Approved by
Supervisor:**

Supervisor's Signature *Date*

**Request Approved by Executive
Director:**

Signature *Date*

VERIFICATION OF WORK COMPLETED:

To Employee:

Please return this form to the Payroll Department for documentation after you have completed your work substitution day. *Please remember to call the absence recording line (ext. 1370) to report your absence.*

Substitute Day
Worked:

Supervisor
Verification:

Signature *Date*

Employee Verification: _____
Signature *Date*

Added to Policy Manual: 11/2012