**Today’s Date** Date

**Section One:**

1. HASD Staff Name Enter

b. Select employee type Choose

c. School Name Choose

1. Start Date of Assignment Date Approximate End Date of Assignment Date
2. Absence Reason (COMP, DOCK, FMLA, SICK, SICK FOR PERSONAL\*attach additional pages if necessary) Choose

 **Section Two:**

1. Grade level/Content Area Enter
2. Is a certified substitute required for this assignment? No [ ]  Yes[ ]
3. Is this a Special Education assignment? No [ ]  Yes[ ]

**Section Three: ADMINISTRATIVE USE ONLY**

KES Substitute Name (if known) Enter **Or** [ ]  KES to find appropriate substitute

Signature Date *MM/DD/YY*