



P.O. Box 908  
Jacksonville, AL 36265  
256-447-9349

P.O. Box 1306  
Semmes, AL 36575  
251-649-4420

P.O. Box 780639  
Tallahassee, AL 36078  
334-252-0025

## The Learning Tree, Inc. Request for Substitute

Person making request: \_\_\_\_\_ Employee #: \_\_\_\_\_

Date request submitted: \_\_\_\_\_ Date(s) requested off: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ I am a Full-Time employee requesting day(s) off using general leave.

\_\_\_\_\_ I am a Full-Time employee requesting days(s) off using illness leave for medical reasons.

\_\_\_\_\_ I am a Part-Time employee requesting to use one of my four permitted switches granted each year.

**\*\*\*By signing this form, I understand that I must verify that the time I've requested has been approved. I understand that if I am absent from my scheduled shift without verifying the signatures below, I will be considered to have failed to show up for my scheduled shift and disciplinary procedures will be followed.**

\_\_\_\_\_  
Signature of Person Making Request Date

\_\_\_\_\_ will work from \_\_\_\_\_ am/pm to \_\_\_\_\_  
{Substituting person's name} {Time}

\_\_\_\_\_ am/pm on \_\_\_\_\_  
{Time} {Month and Day(s)}

**\*\*\*By signing this form as a substitute, I understand that I am committed to work the hours listed above. I understand that by signing this form the same rules and conditions that apply to my regular hours also apply here. If I call in, fail to show, arrive late, or leave early, that time will be deducted from my personal leave, and I may face disciplinary procedures.**

\_\_\_\_\_  
Signature of Person Substituting Date

-----**DO NOT WRITE BELOW THIS LINE**-----

\_\_\_\_\_  
Signature of Immediate Supervisor Date

\_\_\_\_\_  
Signature of SRS or CES Date

\_\_\_\_\_  
Signature of Campus Supervisor Date