



# SUBSTITUTE REQUEST FORM

**TODAY'S DATE:** \_\_\_\_\_

**NAME OF EMPLOYEE:** \_\_\_\_\_

**FLC SITE:** \_\_\_\_\_

**DATE SUB IS NEEDED:** \_\_\_\_\_

**REASON FOR ABSENCE:** \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Signature of Site Coordinator*

**DATE RECEIVED:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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