

## ES Substitute Request

*(This form is to be used by an ES, an ES Advisor, or Admin to request a temporary substitute)*

Mail completed form to: LVCA Director, 8560 Aliento Rd, Lucerne Valley, CA 92356

If the ES is able, all student information needed by the substitute needs to be provided to the ES Advisor before the leave begins.

\_\_\_\_\_ Dates of leave requested or \_\_\_\_\_ Date for "Clean-up" to begin

ES Name: \_\_\_\_\_

ES Phone Number: \_\_\_\_\_ ES E-mail: \_\_\_\_\_

ES Advisor: \_\_\_\_\_

This request is being submitted by:

Check one:  ES  ES Advisor  Admin: \_\_\_\_\_

I am requesting a leave from my current position as an ES for:

\_\_\_\_\_ Current Number of Active Students

\_\_\_\_\_ Days of paid leave requested (1 to 20 days)

\_\_\_\_\_ Days of non-paid leave requested

*(This request will be evaluated on a case-by-case basis. You will be notified of the status of your request.)*

Select the applicable reason:

\_\_\_\_\_ Maternity

\_\_\_\_\_ Death in the family

\_\_\_\_\_ ES Illness

\_\_\_\_\_ ES Disability

\_\_\_\_\_ Past Record "Clean-up"

\_\_\_\_\_ Other (Explain below)

Please explain clearly the need for a substitute. This information will be used to approve or deny this request: (You may attach an additional page if needed)

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**For Office Use Only:**

This leave has been:  Approved  Denied  Modified

Requester notified on: \_\_\_\_\_ Personnel/Payroll notified on: \_\_\_\_\_

Leave dates approved: \_\_\_\_\_ Total Days of leave: \_\_\_\_\_ Days Paid: \_\_\_\_\_

Substitute Assigned: \_\_\_\_\_

Approved by: \_\_\_\_\_

Administration Signature