



REQUEST FOR LONG-TERM GUEST TEACHER

Request to be completed by site for assignments lasting more than two (2) weeks.

A-120

(Rev. 12/2024)

Site: _____ Today's Date: _____

Requested by: _____ Signature: _____

Request Details

Teacher/Incumbent: _____ Current Assignment: _____

Reason for Absence: _____

Start Date: ____/____/____ End Date: ____/____/____ Total # of Work Days: _____
**Can be approximate* **Including holidays and vacation days*

Work Hours:
From: _____ a.m. To: _____ a.m. Total Daily Hours: _____
p.m. p.m.

Substitute(s) Information *Credential **MUST** be verified by Personnel Services **BEFORE** the candidate can be offered the assignment*

Substitute(s) Requested:

1. **(entered by site)** _____ ID#: _____
(verified by Personnel) Current Valid Credential(s) Held: _____
2. **(entered by site)** _____ ID#: _____
(verified by Personnel) Current Valid Credential(s) Held: _____
3. **(entered by site)** _____ ID#: _____
(verified by Personnel) Current Valid Credential(s) Held: _____

Approved By: *Obtain approval from either of the following Administrators*

Assistant Superintendent, Personnel Services _____ Date

Director, Certificated Personnel _____ Date

**SUBMIT COMPLETED FORM DIRECTLY TO THE DIRECTOR OF CERTIFICATED PERSONNEL
AMANDA SILVA (SILVAA@CAJONVALLEY.NET)**