

Substitute: _____

West Valley Central School
Leave/Substitute Request Form

Date of Request _____

Last Name _____ First Name _____

Date(s) of Leave Request _____

☐ Need Substitute ☐ No Substitute Needed ☐ Covered by Staff _____

REASON FOR LEAVE

- ☐ Sick Day
- ☐ Sick Day due to reported work injury
- ☐ Bereavement
- ☐ Personal
- ☐ Jury Duty
- ☐ Field Trip
- ☐ Floating Holiday
- ☐ Vacation
- ☐ COVID
- ☐ Conference ☐ CA/BOCES ☐ Erie 1 BOCES ☐ Erie 2 BOCES ☐ Other BOCES

Conference Name: _____

☐ Other Conference

Conference Name: _____

LENGTH OF LEAVE:

FOR NON WVTA ONLY:

☐ All Day ☐ ½ Day AM ☐ ½ Day PM

☐ 1/4 Hour

Periods: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th

EMPLOYEE SIGNATURE: _____ **DATE:** _____

IMMEDIATE SUPERVISOR: _____ **DATE:** _____

APPROVED BY: _____ **DATE:** _____

SUBSTITUTE CALLER: Dan Amodeo @ (716) 560-9689

TEXTING IS NOT PERMITTED

CALLING HOURS ARE 9:00-10:30 PM AND 5:00-6:00 AM.