

EXTENDED PLACEMENT REQUEST FORM

Please use this form when requesting an extended placement for long-term Sub coverage. This completed form must be submitted to TUSD Sub Office SubOffice@tusd1.org for review for a placement to be made. The Sub Office must confirm authorization prior to work starting.

Substitute Teacher Name

Substitute Teacher Name

Site Name

Requesting Site

Is this a current TUSD Substitute? *

Yes No

Position Grade Level & Subject

Position Grade Level & Subject (if applicable)

Anticipated Start Date: Start Date

Anticipated End Date: End Date

Reason for coverage:

Vacancy Control Code (VCC#): VCC #

LOA for: Absent Teacher's Name

Are you anticipating this individual will fill this position permanently? Yes No

If 'Yes,' please provide details: i.e. Sub-to-Hire, awaiting certification, etc.

**Placements will be delayed for any individuals not currently employed as a Substitute Teacher.*

Substitute Teacher Expectations

- ✓ An extended placement is a commitment of 16 or more consecutive days (subject to change based on student's need).
- ✓ As Teacher of Record, I am responsible for developing lesson plans, grading, parent/teacher conferences, attending PD as requested by my Administrator.
- ✓ I must uphold site-specific expectations.

Site Expectations

- ✓ Sub Office approval is required prior to work beginning.
- ✓ I shall set aside time for weekly check-ins.
- ✓ I shall identify site resources (on-site contact) and review site-specific items.
- ✓ I shall ensure access to technology and Synergy

By signing below, I acknowledge all the information as discussed and stated above.

Substitute Teacher Signature and Date

Administrator Signature and Date

Administrator Name

Administrator Name