**Report on Leave and Request for Substitute Teacher (Implementing Unit)**

Received by:

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

Date Received:

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

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Teacher on Leave** | **Position Title of Teacher on Leave** | **School Assignment** | **Type of Leave** | **Inclusive Date of Leave** | **Name of Recommended Teacher Applicant** |
| Name:  Grade Level:  Major/Subject Area/Subjects Taught: |  |  | 🞏with full pay  🞏with half pay  🞏without pay |  | Name:  Major:  Rank:  Address: |

\*Attach photocopy of ***APPROVED FORM 6 and SPECIAL ORDER***

\*Accomplish and submit in ***TWO COPIES***

|  |  |  |
| --- | --- | --- |
| Prepared by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School Head  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Funds Available:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bookkeeper  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Approved:  **MICHELL L. ACOYONG, CESO VI**  *Assistant Schools Division Superintendent*  *Officer-In-Charge*  *Office of the Schools Division Superintendent*  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |