



## 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)**