

OROVILLE UNION HIGH SCHOOL DISTRICT

Substitute Request Form

Name(s): _____ Date(s) of Activity: _____

Name of Activity: _____

Location: _____

Purpose: _____

Goal(s) Addressed: (If Professional Development)

Number of Days: _____

Cost: _____

(\$156.00 full day / \$85.00 half day)

Funding Source: _____

Budget Code: _____

Principal: _____

Date: _____

Director of Education: _____

Date: _____

This form must be submitted to the District Office at least one week prior to the activity.