**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](mailto:SubOffice@tusd1.org) for review for a placement to be made. The Sub Office must confirm authorization prior to work starting.

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| --- | --- | --- |
| Substitute Teacher Name |  | Site Name |
| **Substitute Teacher Name** |  | **Requesting Site** |
| **Is this a current TUSD Substitute? \*** |  | Position Grade Level & Subject |
| Yes  No |  | **Position Grade Level & Subject (if applicable)** |
| **Anticipated Start Dat**e: 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.*

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| |  |  |  | | --- | --- | --- | | **Substitute Teacher Expectations** |  | **Site 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. |  | * 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.

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| **Substitute Teacher Signature and Date** |  | **Administrator Signature and Date** |
|  |  | Administrator Name |
|  |  | **Administrator Name** |