**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.

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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
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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** |