



DO NOT RETURN REQUEST FORM

Substitute
Teacher/Para Name: _____

Home Telephone # _____ Alternate Telephone # _____

SCHOOL: _____

Grade/Subject Assignment: _____

Description of Incident (be specific, include date and time):

Conference Meeting Held? YES _____ NO _____

Result:

Principal's Signature: _____ Date: _____

Substitute's Signature: _____ Date: _____
(If available)

Please forward this form to Diane Hlavaty - Sr. Substitute Coordinator
*** **Scan & Email** - SchoolSubService@clevelandmetroschools.org (time sensitive preferred)
Or Human Resources Department, 1111 Superior Avenue E, Room 1826M, 18th Floor, Cleveland, OH 44114