

**EDUCATIONAL ALTERNATIVE OUTREACH PROGRAM  
ANTICIPATED SUBSTITUTE REQUEST**

**\*\*ENSURE LESSON PLANS ARE AVAILABLE\*\***

Date: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Assigned Site: \_\_\_\_\_ Center #: \_\_\_\_\_

Requested Date(s): \_\_\_\_\_

Type of Leave: \_\_\_\_\_

Substitute Required: Yes  No

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**\*\*SUBSTITUTE LOCATOR USE ONLY\*\***

Substitute's Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Please forward this request to Ms. Elizabeth D. Rogers  
Fax (305) 636-6198 or [elizabethr@dadeschools.net](mailto:elizabethr@dadeschools.net)