



State of Idaho - Military Division

Request for Paid Time Off to Substitute

Date:

Employee Name:

Agency:

Position: _____

SUB hours used to complete background check and any necessary substitute orientation: _____ hours (8 max)

School District(s) approved to Substitute for:

Employee was not approved by school district. *(Skip to signature section if checked.)*

Identify documentation showing approval to _____

How much (SUB), per pay period, is requested?

Less than 8 hours 8 Hours 16 Hours (max)

By signing below, all parties agree to the terms conditions outlined in the Substitute Leave policy.

Employee:

Supervisor: _____

HRU: _____

Agency: _____

Date request sent to HRU: _____ DHR: