Limestone DISTRICT SCHOOL BOARD

Request for Allowance for Teacher in Charge / Substituting for an Administrator

The teacher should complete the form below and submit it to their principal for confirmation. The principal shall sign and enter the reason for substitution and forward the completed form to the manager of Human Resources for processing.

Name: _____ ID No.:_____

School/Location: _____

☐ Elementary

☐ Secondary

Date(s) of Substitution	Select part of day worked: AM/ PM / FULL DAY	Reason for Substitution (TO BE COMPLETED BY PRINCIPAL)
	AM ☐ PM ☐ FULL DAY ☐	
	AM ☐ PM ☐ FULL DAY ☐	
	AM ☐ PM ☐ FULL DAY ☐	
	AM ☐ PM ☐ FULL DAY ☐	
	AM ☐ PM ☐ FULL DAY ☐	

Teacher Signature		Principal Signature	

Board Office Use Only

HR Manager Approval: _____ Date: _____

ELEMENTARY G/L 0100-10-000-170-1 100 Pay Date: _____

SECONDARY G/L 0299-10-000-170-4 200 Pay Date: _____

Revised September 2025