



ARKANSAS DEPARTMENT OF EDUCATION

Request for Long Term Substitute Teacher of More Than 30 Days

Date: _____

LEA _____

School District _____

Teacher of Record Information

Name: _____ Social Security #: _____

Subject Area Teaching: _____

Reason Teacher of Record not there: _____

_____ Last Day Worked: _____

Substitute Information

Name: _____ Social Security #: _____

Subject Area Teaching: _____

Degree Conferred: _____ Major/Minor: _____

College/University: _____

Does substitute have an Educator's License? Yes No Licensure area: _____

Justification of Need: _____

Please attach documentation that a currently licensed educator is being sought.

Superintendent's Signature: _____ Date: _____

ADE USE ONLY

GRANTED _____ DENIED _____ DATE _____ INITIALS _____

GRANTED FOR: 1st Semester _____ 2nd Semester _____

Please complete form in its entirety and email to david.baca@arkansas.gov