ARKANSAS DEPARTMENT OF EDUCATION

Long Term Substitute Teacher of More Than 30 Days Waiver Request

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 _____

Degree Conferred _____ College/University _____

Does substitute have an Educator's License? ___ 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 <u>in its entirety</u> and email to david.baca@arkansas.gov