



JEFFERSON PARISH SCHOOLS SUBSTITUTE FORM

Title of Workshop: _____

Location of Workshop: _____

Date(s) of Substitution: _____

Funding Source: _____

School: _____

Contact Name of Person Submitting Form: _____

Substitute's Name: _____

Substituted for: _____

Substitute's pay information (check one):

_____ Kelly Services/High School Diploma _____ Kelly Services/Certified Teacher

_____ Kelly Services/Bachelor's Degree _____ Kelly Services/Retired Teacher

_____ JPS Teacher as Substitute Employee # _____

If more than one JPS teacher substituted, please list the teacher's name, employee #, and # of hours he/she substituted on the back of this form.

Length of substitution (check one):

_____ ½ day _____ 2 days _____ # of hours if JPS

_____ 1 day _____ () days teacher used as substitute

Principal's signature: _____

Please return this form by e-mail to:

Title I	Title II (Academics), IBO, School Climate, PBIS, Early Childhood, & Math & Science Partnership	Special Education, 504, & ABIT
Susan Molbert or Gini Cannon Grants & Federal Programs Susan.Molbert@jppss.k12.la.us Gini.Cannon@jppss.k12.la.us (504) 349-7891 (Susan) (504) 349-8932 (Gini)	Kristin Rodrigue Grants & Federal Programs Kristin.Rodrigue@jppss.k12.la.us (504) 349-7738 office (504) 349-7665 fax	Sharon Hemstad Student Support Services Sharon.hemstad@jppss.k12.la.us (504) 349-7932 office (504) 349-7665 fax