

ON-CAMPUS EXTRAORDINARY ASSIGNMENT APPROVAL SHEFFIELD CITY SCHOOLS

The following employees will be assigned the extraordinary duty of _____
 at (location) _____ for the purpose of _____
 from (date) _____ to (date) _____

Reimbursement of travel expenses will not be required, and substitutes will be needed for the
 for employees as indicated below.

EMPLOYEES ATTENDING:	TIME OF DAY	CHECK IF SUB NEEDED
_____	_____	<input type="checkbox"/> SUBSTITUTE NEEDED
_____	_____	<input type="checkbox"/> SUBSTITUTE NEEDED
_____	_____	<input type="checkbox"/> SUBSTITUTE NEEDED
_____	_____	<input type="checkbox"/> SUBSTITUTE NEEDED
_____	_____	<input type="checkbox"/> SUBSTITUTE NEEDED
_____	_____	<input type="checkbox"/> SUBSTITUTE NEEDED
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_____	_____	<input type="checkbox"/> SUBSTITUTE NEEDED
_____	_____	<input type="checkbox"/> SUBSTITUTE NEEDED
_____	_____	<input type="checkbox"/> SUBSTITUTE NEEDED

SIGNED: _____ DATE: _____
(PRINCIPAL)

APPROVAL GRANTED: _____ DATE: _____
(SUPERINTENDENT)