Authorization for Immediate Substitute EA Support

To be completed by Principal

Name of Student *(internal use only):* _____

School: _____

# of Hours Requested per day: _____

Commencing: _____

Expiring: _____ *(if known)*

Requested by: _____   Date: _____
(Signature)

****

To be completed by Authorized Personnel

# of Hours Approved per day: _____

Authorized by: _____   Date: _____
(Signature)

Position:

☐ Superintendent of Student Services   ☐ Superintendent of Schools   ☐ Student Services Coordinator