WORKING WHILE ON LEAVE REQUEST FORM

| Personnel Number: First Name: | Last Name: |
|---|---|
| Address: | Apartment Number: |
| City: | State: Zip Code: |
| Phone Number: E-Mail: | |
| Personnel Number: First Name: Last Name: Apartment Number: City: State: Zip Code: | |
| Search System assigns jobs on a random basis. I will not cancel a job unless it is an emergency. If I cance school and I understand that I will be ineligible to work the school and I understand that I must remain at school until the close based upon the number of hours worked, not the number during the teacher's planning period. My name may be removed from the approved substitute evaluated my performance or have requested that I not assignment. I must maintain a valid Florida Teaching Certificate or a the school year defined as 37.5 hours. Failure to complemployment. If I am terminated, I understand that I me substitute teaching. Please list the names of the schools you want listed on your location. My signature below signifies that I agree with the above statement and Broward County School Board policy as conditions of my emplaction. Signature: | that day. To f the regular day or until released by the principal. I am paid er of classes taught. Therefore, I may be called to cover a class e teacher list when three or more schools have negatively return to their location or for not showing up for an accepted a Broward County Certificate and work enough hours during y with this will result in my voluntary dismissal from must reapply and pay the appropriate fees to be approved for cation profile. Cation profile. Cation profile. Cation Any violation of the policies on my part is cause for disciplinary |
| OFFICE USE ONLY: | |
| Authorized Staff Member: | Date: |