



**MEMORANDUM  
SUB REQUEST**

TO: LILIA SANDOVAL SILVA, DIRECTOR  
CAREER TECHNICAL EDUCATION

FROM (Name of CTE Teacher): \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

Fill out the 3 columns on the table provided.

DATE(S) OF EVENT	TITLE OF CONFERENCE/EVENT OR TRAINING	LOCATION

**Describe how event or conference aligns to CTSO or TEKS:**

**Sub needed:            Half day            Full day**

**This form is subject to audit and must be submitted electronically via email to Lisa Beare or Maria Gutierrez. Once approved/not approved it will be returned to employee by same means. Agenda, flyer or Invite must be provided to support request.**

*Program Director approval is required prior to entering absence in the MISD system. Do not utilize other substitute codes other than your own CTE campus' sub code.*

If you have any questions please feel free to contact the Career Technical Education office staff at  
(956) 632-5182.

**Program Director Signature** \_\_\_\_\_

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_