



## Bloomington Independent School District

P.O. Box 158 Bloomington, TX 77951 / Phone: 361-333-8016 Fax: 361-333-8026

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### Substitute Worker Form

Name of Substitute: \_\_\_\_\_

Date(s) of Duty: \_\_\_\_\_ Full Day \_\_\_\_\_ Half Day

Long-Term Dates: \_\_\_\_\_

Name of Employee who was absent: \_\_\_\_\_

Campus / Department: \_\_\_\_\_

*Note: Substitute workers must be scheduled in accordance with the employee's absence. For example, a half-day absence = a half day substitute.*

\_\_\_\_\_  
Substitute Worker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor's Signature

\_\_\_\_\_  
Date