



UNSATISFACTORY SUBSTITUTE REPORT

_____ was assigned to _____
SUBSTITUTE'S NAME SCHOOL OR PROGRAM

on _____ to substitute for _____
DATE(S) ABSENTEE'S NAME

As a Sub Teacher _____ Sub Aide _____.

THE SERVICES OF THIS SUBSTITUTE WERE UNSATISFACTORY FOR THE FOLLOWING SPECIFIC DETAILED REASON(S):

Four horizontal lines for detailing reasons for unsatisfactory service.

I HAVE SPOKEN WITH THE ABOVE-NAMED SUBSTITUTE ABOUT THIS REPORT ___ IN PERSON ___ BY PHONE ON _____, AND HAVE MADE THE FOLLOWING SUGGESTION(S) FOR IMPROVEMENT:
DATE

Two horizontal lines for providing suggestions for improvement.

I HAVE ADVISED HIM/HER OF THE FOLLOWING RECOMMENDATION (PENDING DEPT APPROVAL):

_____ Substitute should not be called for _____ program.

_____ Substitute should not work in any program, please terminate.

ADMINISTRATOR'S SIGNATURE DATE PRINT NAME HERE

DEPARTMENT SIGNATURE DATE PRINT NAME HERE

HUMAN RESOURCES USE ONLY:

This is the _____ 1st _____ 2nd _____ 3rd unsatisfactory report.

Substitute was terminated: _____
DATE SIGNATURE