



Department of Human Resources
71 Clinton Road, P.O. Box 9195
Garden City, NY 11530-9195
(516) 396-2337 • Fax: (516) 333-2051
www.nassauboces.org/hr

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):

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

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