

REMOVAL OF SUBSTITUTE FROM SCHOOL ROSTER

To be Completed by the Administrator ONLY
Please email to substitutes@fwisd.org

DATE OF INCIDENT: _____

TODAY'S DATE: _____

School Number: _____

School Name: _____

Substitute Name: _____

Job Number: _____

- Failure to report to assignment
- Leaving assignment without proper approval
- Repetitive tardiness to assignment
- Failure to maintain classroom control

- Inappropriate language
- Inappropriate behavior
- Failure to follow lesson plans
- Other

I have spoken with the substitute about this matter.
I have NOT spoken with the substitute about this matter.

Additional information MUST be given to document your request for the removal of this substitute from your roster. This information will be shared with the substitute.
Please submit any and all statements from staff and/or students.

Administrator's Name (Print)

Date

Administrator's Signature