



Miami-Dade County Public Schools

School Name _____

Temporary Duty Request

Use this form to request coverage when an instructional employee will be out of the classroom during the regular workday. This form does not replace the "Leave Card".

DIRECTIONS:

1. Check the appropriate item below:

- A. The employee seeks approval to be off campus on school related business.
- B. The employee seeks approval to work at the school site on school related business and will not be performing regularly assigned duties.
- C. The employee seeks approval for travel/field trip.
- D. Other: _____

2. Attach any information explaining your whereabouts (agenda, invitation, registration, travel, field trip, etc.)

3. Submit this form to the Principal as far in advance as possible. (Example - 5 working days in advance of the anticipated date of absence.)

4. The Principal will return the approved (signed) form for follow-up. (lesson plans, class coverage, payroll, etc.)

Name _____ Employee # _____

Subject(s) taught: _____

I request temporary duty for the following dates/times: _____

To attend the following meeting, conference, workshop or convention: _____

FUNCTIONAL AREA _____ LOCATION # _____

Sponsored by: _____

Employee's Signature: _____ Date _____

Approved Disapproved

Principal's Signature: _____ Date _____

NOTE: Submission of this form does not guarantee approval. A temporary instructor will not be retained without proper approval from the Principal.

- 1st Copy: Principal's Secretary
- 2nd Copy: Substitute Locator
- 3rd Copy: Asst. Principal Curriculum
- 4th Copy: Employee