

TANGIPAOHA PARISH SCHOOL SYSTEM

**Section 504 Chairperson
REQUEST FOR SUBSTITUTE**

Chairperson's Name: _____

School: _____

Requested date for ½ day substitute: _____

Check One:

- AM Substitute 8:00 a. m. – 11:30 a. m.*
 PM Substitute 11:30 a. m. – 3:00 p. m.*

*Please note if time differs from above _____

Time will be used for:

- Parent Meetings Record Keeping
 504/SAT Meetings Conference with 504 Coordinator

(Signature of 504 Chairperson)

(Date)

**FAX this form to Renée B. Durio at 748-4928.
Approval must be received prior to using substitute day.**

For Office Use Only

_____ Approved (Professional Leave Form will be forwarded to you.)

Renée B. Durio, Section 504 Coordinator

(Date)