

FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER

**Notice of In-House Meeting or Classroom Visitation
Requiring a Substitute**

Name _____ District _____

Please complete:

Meeting or Visitation Date	Sub Time (half/full day)	Reason

Employee Signature _____ Date _____

Approved by: _____ Title _____

INSTRUCTIONS:

Complete this form only when a substitute is required for a professional absence (for example: IEPs, in-service, classroom observations/visitations etc.). Please submit by the end of each month. DO NOT USE THIS FORM FOR PROFESSIONAL MEETINGS/CONFERENCES.

Send completed form to: Fairfield County ESC
c/o Treasurer's Office
955 Liberty Drive
Lancaster OH 43130