

## **Miami-Dade County Public Schools**

## **School Name**

## **Temporary Duty Request**

Use this form to request coverage for classes when working other than the regularly assigned instructional schedule.

## **DIRECTIONS:**

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1.	Check the appropriate item below:				
		A. The employee seeks approval to be off campus on school related business.			
		B.	<ol> <li>The employee seeks approval to work at the school site on school related business and will not be performing regularly assigned duties.</li> </ol>		
		C.	The employee seeks approval for travel/field trip.		
		D.	The employee seeks approval for Jury Duty.		
		E.	Other:		
2.	Attach	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 #				
reque	est tempo	orary	duty for the following dates/times:		
To atte	end the fo	ollow	ring meeting, conference, workshop or convention:		
	PI	ROG	GRAM#LOCATION#	_	
	Sp	ons	ored by:		
	Employee's Signature:			Date	
			Approved Disapproved		
	Pr	incip	pal's Signature:	Date	
NOTE			ion of this form does not guarantee approval. A tempor	ary instructor will not be retained	

1st Copy: **Principal's Secretary** 2nd Copy: **Substitute Locator** 

3rd Copy: **Asst. Principal Curriculum** 

4th Copy: **Employee**