

South Miami Middle Community School

Request for Temporary Duty

Name: _____ Employee #: _____

Department/Subject: _____

Temporary Duty Date(s): _____

**PLEASE SUBMIT REQUEST AT LEAST THREE (3) DAYS PRIOR TO
TEMPORARY DUTY DATE TO YOUR GRADE LEVEL ASSISTANT PRINCIPAL.**

If temporary leave begins in one payroll period and ends in another payroll period, two request forms should be completed. List the dates of leave during one payroll period on one form and the dates of leave during the next payroll on the other form.

1. Activity or Event (PLEASE PROVIDE DOCUMENTATION):

2. Location: _____

3. Hours (Please check one): ___ A.M. ___ P.M. ___ All Day Time: _____

This is my _____ request for Temporary Duty this school year.

Substitute Funding Source: _____

Employee's Signature: _____ Date: _____

Assistant Principal's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____