

# Regional Office of Education 9 ~ Champaign and Ford Counties

Gary Lewis, Regional Superintendent of Schools  
 Donna Kaufman, Assistant Regional Superintendent of Schools



## Request for Authorization to Employ Substitute Teacher Longer than 30 Days

IEIN/SS#	Name:	Phone:
Street Address:		
City:	State:	Zip Code:
Indicate one: PEL, ELS, Sub	License #:	

### District Information – All Parts Must be Completed

School Name and District:	Phone:	
School Address:		
City:	State:	Zip Code:
Reason for Emergency:		
Grade Level and Subject area of position being filled:		
Start Date:	Projected End Date:	

As administrator of this entity, I certify that I have been unable to secure the services of an appropriately certificated or approved educator and that any approved individuals interviewed did not meet district criteria for hire. I also certify that our district will continue to advertise and seek and appropriately certified individual.

District Superintendent Signature

Date

Regional Superintendent Signature

Date