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Miami-Dade County Public Schools
giving our students the world

Miami-Dade County Public Schools
Division of Advanced Academic Programs

EDUCATIONAL PLAN (EP) SUBSTITUTE REQUEST

Instructions:

- Submit this form as soon as a substitute day has been used.
- Substitute coverage charged to this account will not be approved for payment if a request form has not been submitted and approved.
- Submit coverage that is not approved will be charged to your school.

School: _____ **Work Location:** _____

Principal: _____ **Phone:** _____ **Fax:** _____

E-mail: _____ **Regional Center:** _____

Teacher Name		Teacher ID #	Substitute Name		Substitute ID #	Date Used
Last	First		Last	First		

Substitute days must be used by the last Friday in April

Substitute Funding Structure: Program: 6790; Location: 9622

Name of person preparing form (print) _____ Signature _____ Date _____

Principal's name (print) _____ Signature _____ Date _____

Please submit to:
9622 - SBAB Annex, Room 235
Attention: Educational Plan (EP) Substitute Request
OR
FAX: 305 995-7690
Attention: Educational Plan (EP) Substitute Request

FM-7048 (10-06)