Oncall Substitution Request

Request should be approved before oncall duty starts. Please submit this form as early as possible to USAS Associate Director or, in his absence, to the USAS Director. Forms not filled out properly cause a delay in processing. Use blue or black pen to fill out this form.

This form is only valid for a maximum of one week, if the applicant has requested multiple weeks’ substitution, he or she should fill out separate forms for each additional week.

Requestor:

Name: _______________________________   ________________________________
First Name                                                          Last Name

Oncall Duty Start Date:  _____________  _____________  ________________________
Month            Day   Year

Oncall Duty End Date:  ________________  ________________  ____________________________
Month            Day   Year

Absent Type:☐ Vacation   ☐ Sick Day   ☐ Personal Day   Other: ____________________

___________________________________________  ______________________________________
Signature     Date

Substitution party:

I acknowledge the terms and responsibilities of substitution oncall duty. I agree to the terms and conditions thereof.

Name: _______________________________   ________________________________
First Name                                                          Last Name

___________________________________________  ______________________________________
Signature     Date

Approval of USAS Associate Director/USAS Director:

___________________________________________  Signature  Date

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