

FACULTY SUBSTITUTION PREFERENCE FORM (quarter/year)

Faculty Member Name:

Preferred Contact phone number:

List, in order of preference, courses you wish to sub in (quarter/year):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

No. of 4-hr Classes: 1

Days/Times I PREFER to Sub (*Check all that apply*):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8-12)						
Afternoon (1-5)						
Evening (6-10)						

Days/Times I CANNOT Teach (*check all that apply*):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8-12)						
Afternoon (1-5)						
Evening (6-10)						

I prefer one class per day

Other relevant requests (*i.e., days, times, room locations, flow from day to day, etc.*):
