



Substitute Notification Form

The Early Learning Coalition (ELC) is required to document the use of substitutes in VPK classrooms for certified providers. Please assist the ELC in this endeavor by providing the information below in a manner which is as complete as possible. Substitutes may be pre-approved by submitting appropriate documentation for inclusion in your VPK Provider file. All complete background screenings and documentation of credentials must be submitted prior to staff serving in a VPK classroom. Efforts to remain in compliance with state and federal regulations must be maintained. Please mail this form to: **Attn: Michele S. Hooper, Program Services Director, Fort Walton Beach, FL 32548**, or fax to: **(850) 833-9344**.

Substitute Name: _____ **Lead or Assistant (Circle One)**

Instructor's Educational Credential (i.e. FCCPC): _____

Class Identifier: _____ **Start Date:** _____ **End Date:** _____

Time Substituted: _____ **Hours** _____ **Minutes**

Primary Instructor being excused: _____

Reason: Personal Illness Other (*Circle One*)

Facility Name: _____ **Facility Phone:** _____

Director Name: _____

Director Signature: _____ **Date:** _____

For Coalition Use

Notice received / logged on: _____

Signature of ELC Representative