

Atlantic Cape Community College

Substitute Instructor/Proctor Request Form

Today's Date: _____

Faculty Name	Substitute/Proctor Name	Course	Section	Class Time	Date(s) for Substitute	Reason for Substitute/Proctor	Total Faculty Absences to Date

Please note:
Faculty Members: You must notify the Academic Resource Center/Faculty Support Office of your planned absence, even if you are securing a substitute approved by the Department Chair, Director, or Dean. Please submit this form completed within 48 hours of the assignment. If the secured substitute is unable to fulfill the assignment as scheduled, please notify the Department Chair, Director, or Dean & Valerie Weller in Academic Affairs at yweller@atlantic.edu.

Department Chair/Director/Dean: Please send the completed form to Valerie Weller in Academic Affairs at vweller@atlantic.edu and a copy to the **Academic Resource Center in Mays Landing** at arc@atlantic.edu.

Thank you!

Department Chair/Director/Dean Signature: _____