



**MEMORANDUM
SUB REQUEST**

TO: LILIA SANDOVAL SILVA, DIRECTOR
CAREER TECHNICAL EDUCATION

FROM (Name of CTE Teacher): _____

TODAY'S DATE: _____

Fill out the 3 columns on the table provided.

DATE(S) OF EVENT	TITLE OF CONFERENCE/EVENT OR TRAINING	LOCATION

Describe how event or conference aligns to CTSO or TEKS:

Sub needed: Half day Full day

This form is subject to audit and must be submitted electronically via email to Lisa Beare or Maria Gutierrez. Once approved/not approved it will be returned to employee by same means. Agenda, flyer or Invite must be provided to support request.

Program Director approval is required prior to entering absence in the MISD system. Do not utilize other substitute codes other than your own CTE campus' sub code.

If you have any questions please feel free to contact the Career Technical Education office staff at
(956) 632-5182.

Program Director Signature _____

Approved _____

Not Approved _____