NAPA VALLEY COLLEGE

Office of Academic Affairs

Substitute Instructor Recommendation Form

TO: Assistant Superintendent/Vice President of Academic Affairs

FROM: Division Dean Name and Signature

DATE

SUBJECT: Substitute Instructor Recommendation

I recommend , (Instructor Name) as a substitute instructor for following class(es):

Semester:

Course(s)	Section	Days	Times	Dates	Location
1.					
2.					
3.					
4.					

Reason for request:

Vice President of Academic Affairs Signature

☐ Approved ☐ Not Approved

☐ Long Term ☐ Short Term

All substitutions that will continue beyond one week must have prior written approval by the Office of Academic Affairs

cc: Office of Human Resources
Scheduling Office