

# Lampasas ISD SUBSTITUTE REPORT

Substitute Name: \_\_\_\_\_ Date: \_\_\_\_\_

Campus/Department: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

## Nature of Incident

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Disorderly conduct               | <input type="checkbox"/> Theft                        | <input type="checkbox"/> Carelessness               |
| <input type="checkbox"/> Leaving without permission       | <input type="checkbox"/> Substandard work             | <input type="checkbox"/> Tardiness                  |
| <input type="checkbox"/> Lack of cooperation/teamwork     | <input type="checkbox"/> Violation of safety rules    | <input type="checkbox"/> Harassment                 |
| <input type="checkbox"/> Threatening/engaging in violence | <input type="checkbox"/> Dress code                   | <input type="checkbox"/> Disobeyed directive        |
| <input type="checkbox"/> Violation of policies/procedures | <input type="checkbox"/> Profane/abusive language     | <input type="checkbox"/> Improper conduct           |
| <input type="checkbox"/> Failure to follow instructions   | <input type="checkbox"/> Discourteous toward public   | <input type="checkbox"/> Sleeping during work hours |
| <input type="checkbox"/> Destruction of District property | <input type="checkbox"/> Use of drugs/alcohol/tobacco | <input type="checkbox"/> Other _____                |

Person(s) reporting incident: \_\_\_\_\_

Incident allegations: \_\_\_\_\_

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Substitute was contacted on: (date) \_\_\_\_\_

Person contacting substitute: \_\_\_\_\_

Explanation by the substitute or other significant information: \_\_\_\_\_

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Principal recommendation:

- Record of incident                       Restricted from substituting at this campus

Principal/Director signature: \_\_\_\_\_ Date: \_\_\_\_\_