** ILLINOIS LOCAL SCHOOL EMPLOYEE**

**SUBSTITUTE TEACHER PAYROLL FORM**

Conference assistance is provided only when the regular teacher is out of the school for: - illness, - death in immediate family, - personal leave day. These absences are shared with the school at 50%. Conference pays 100% for substitutes if the teacher’s absence is our request. The conference will bill the school for the portion owed.

Name of Substitute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle One: Sick Personal Bereavement Professional Dev. Other (*if* ***Professional Development*** *is circled include a signed Professional Growth Plan application or* ***Other*** *is circled add reason below)*

Specific Reason for Absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Substitute Rate Scale:**

Non-Degreed $110.00 [ ]

Degreed $120.00 [ ]

Denominationally &/or State Certified $130.00 [ ]

THIS SECTION TO BE FILLED IN BY THE CONFERENCE OFFICE OF EDUCATION

Total Allowance: \_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS SECTION TO BE FILLED IN BY TEACHER AND SCHOOL PRINCIPAL

Full Days and Dates Substituted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or Long-Term Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Half Days and Dates Substituted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal or School Treasurer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Original Copy goes to the Illinois Conference Office of Education*

*1 Copy goes to the School Treasurer for Reconciliation*