** 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 the immediate family, or personal leave day. These absences are shared with the school at 50%. The 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or In-House

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*