

Pennsylvania Conference of Seventh-day Adventists Substitute Teacher Remuneration Request

To be completed by Substitute:

Substitute Name _____	Phone # _____
Address _____ _____	
Date Substituted _____	
School Name _____	
I Substituted for _____ <i>(Name of Teacher/Staff Member)</i>	
Substitute's Signature _____	Date _____
<i>(My typed name is my signature authorization)</i>	

To be completed by Principal/Head Teacher:

Reason for Absence (please check one):

- | | |
|--|--|
| <input type="checkbox"/> Teacher Illness | <input type="checkbox"/> Personal Leave (Two (2) days per year-see policy) |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Conference approved activity _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Local School approved activity _____ |

Reimbursement – Please use daily rate when individual is subbing for a salaried teacher, hourly rate when subbing for an hourly staff member:

Daily Rate: \$ _____ Full-Day Half-Day

Hourly Rate: \$ _____ Start Time _____ End Time _____ Total Time _____

Principal's Signature _____ **Date** _____
(My typed name is my signature authorization)

NOTES (if needed):

Fax the form to: 610-374-9331	If you have any questions, call:
Or email to: llanda@paconference.org	VP for Education – Jeff Bovee
	610-374-8331 ext. 213

To be completed by Education/Treasury offices:

Substitute Pay Amount (10010): \$ _____	Bill the Local Entity % _____
Education Authorization: _____	Date: _____
Payroll Authorization _____	Date: _____