

# Substitute Teacher Report

SCHOOL \_\_\_\_\_

**SUBSTITUTE TEACHER INFORMATION:**

Employee Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Certificated Teacher  Yes  No

County of Residence \_\_\_\_\_

Status

Married

Single

Number of days taught \_\_\_\_\_; Date(s) Taught \_\_\_\_\_

**SCHOOL INFORMATION:**

***Reason for Substitute Teacher:***

<input type="checkbox"/> Interview	Conference Name _____	School Name _____
------------------------------------	-----------------------	-------------------

Personal Illness

Personal Business Day

Death in Immediate Family

Other, please explain \_\_\_\_\_

Signed: \_\_\_\_\_ *Regular Teacher*

Signed: \_\_\_\_\_ *Principal or Board Chairman*

## **PRINCIPALS, Please Note!!!!**

**Please fill in ALL information requested above. We must have the Social Security Number. Please hasten the process by giving all information requested. Thank you.**

**FIRST TIME SUBSTITUTES:**

A completed I-9 Form\*\*, a completed W-4 Form and a completed State Form **MUST** accompany this request. Photocopies of the forms provided in your handbook are acceptable.

**\*\*The I-9 Form must have a photo copy of the driver's license and social security number.**

**Send Reports to :**

Education Office  
Indiana Conference of S.D.A.  
P.O. Box 1950  
Carmel IN 46082-1950

### **NOTE:**

Substitute teachers are **not** to be paid directly by the school treasurer, principal or teacher.