SPEED S.E.J.A. #802

INTERNAL SUBSTITUTE COMPENSATION

INTERNAL SUBSTITUTION SHALL ONLY OCCUR WHEN REQUIRED OR APPROVED BY THE PRINCIPAL/SUPERVISOR.
ALL REQUESTS FOR COMPENSATION MUST BE PRE-APPROVED AND COMPLETED BY THE PRINCIPAL/SUPERVISOR.
FORMS COMPLETED BY STAFF WILL NOT BE PROCESSED.
Certified/licensed staff will be compensated at a rate of $38.50 per day; Paraprofessionals at a rate of $27.50 per day.
Partial days will be prorated to half-day increments.

Reasons for Compensation:

1. A qualified substitute that replaces an absent classroom teacher will be compensated at the rate of an additional $38.50 per day.
2. A paraprofessional is absent and a substitute is not provided with 8 or more students in attendance-the remaining paraprofessional(s) in the classroom will be paid an additional $27.50 each per day.
3. A teacher is required to combine classes (administrator discretion) forming a classroom with 9 or more students; the teacher will be paid an additional $38.50 per day.
4. Certified (not licensed) support staff assumes teacher responsibilities.
5. Health Services providers: Certified and Licensed Other Professional staff required to provide substitute coverage in addition to their regular duties will be paid an additional $38.50 per day. Other Non-Certified Medical Support Personnel (health aides) will be paid an additional $27.50.

Name:_____ School Year_____

School:_____ Teacher/Paraprofessional Absent:_____

Does Paraprofessional hold a valid substitute teacher certificate? Yes_____ No_____ Must be completed.

Date	Starting Time Substituting	Ending Time Substituting	Hours Worked	Full Day	Half Day	Reason	Amount to be Paid
_____	_____	_____	_____	____	____	_____	$_____
_____	_____	_____	_____	____	____	_____	$_____
_____	_____	_____	_____	____	____	_____	$_____
_____	_____	_____	_____	____	____	_____	$_____
_____	_____	_____	_____	____	____	_____	$_____
_____	_____	_____	_____	____	____	_____	$_____

Time is to be submitted in half or full days for the same type of compensation. Hold sheets if less and add up time on one sheet to equal half or full day, then submit.

Employee Signature:_____ Date:_____

Principal Signature: _____ Date:_____

Program Office Use Only

Budget Code_____ Amount to be Paid $_____

_____ $_____

Annual Salary $_____ Dock IMRF $_____

Daily Rate $_____ Add to TRS $_____

Date Paid_____

5/2016