

Long Term Substitute Teacher Approval Form

School: _____

Grade and/or Subject: _____

Reason for Vacant Position: _____

Dates of Vacant Position: _____

List name of absent teacher or name of teacher previously held vacant position:

Area of Certification (attach certificate): _____

Substitute Teacher Name: _____

.....
My signature indicates that I have reviewed the pay level information below.

Substitute Signature Date

Principal Signature Date

Refer to pay level below:

Processed by Human Resources:

Check Pay Level/Type:

- _____ **Classified Substitute - \$70.00 per day**
- _____ **Certified Substitute - \$100.00 per day**
- _____ **Certified Substitute – Infield only -20 or more consecutive days- \$125.00 per day**

Chief Professional Services Officer Date

HR Signature/Date: _____

Processed by Payroll:

Signature/Date: _____