

EDUCATION

Teacher Absence/Substitute Teacher Report Form

Please complete a separate form for each day absent and return it to the Education Office by the 18th of the month to be included in the month's payroll.

eacher Name:		Date Absent	
Choose One: ☐ Teacher absent wi	th substitu	te	☐ Teacher absent without substitute
Reason for absence			
☐ Sick (10 days per year)			
☐ Personal (2 days per year -	Must have	prior a	approval from the superintendent)
□ Professional/Conference (M	ust have p	rior app	proval by the superintendent)
□ Other			
To be completed by the principal:			
Substitute teacher's name:			
Substitute teacher's address:			_
Bachelor's degree or higher:		ıll day	_
	□ Ha	alf day	\$75
Associate's degree or less:	□ Fu	II day	\$120
	□ Ha	alf day	\$60
Principal's Signature:			Date Received:
Out office Took on Delice			
Substitute Teacher Policy			
			principal and submitted to the local school board for achieves will need to complete the necessary employment
paperwork with the Iowa-Missouri Conferen	ce. All sub	stitute te	eachers are required to complete Sterling Volunteers
			nackground checks must be completed prior to any the Conference on the 30 th of each month.
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Office of Education Use Only			
Approved Denied		Bill Sc	chool Covered by Conference
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Superintendent Signature:			Date