Michigan Conference of Seventh-day Adventists SUBSTITUTE TEACHER REIMBURSEMENT FORM *

INSTRUCTIONS: This form should be sent to the Conference Office of Education on the 20th of each month with the principal's monthly report. After receiving this form, the Conference Treasury will send a payroll check directly to the substitute teacher. The Conference Treasury will also send a statement to the school treasurer indicating the amount due for 50% of all absences which are defined to be those shared with the Conference. Any Conference-required appointment by the Office of Education will be reimbursed at 100%.

SCHOOL AND TEACHER DATA

Name of School:				Date: _		
Regular Teacher	's Name:					
Substitute Teach	ner's Nam	e:				
_		ATE	REASON		PAY	
Days Taught:						
,		TOT	AL DAVO CURCUITUI	:FD		
		101	AL DAYS SUBSTITUT	ЕОх	=	
Make copy for school		Regular	Regular Teacher's Signature:			
Send this form to:		Principal's or Treasurer's Signature:				
Office of Education Michigan Conference 5801 W. Michigan Ave. Lansing, MI 48917		Approva	l of Superintendent:			
				School Charge \$		
				Sick/Personal \$		
				Other \$		

Completed form needs to be sent to payroll@misda.org Pay is \$120/day or \$60/half day

^{*} Substitute teachers must be a minimum of 21 years old.