

REQUEST FOR SUBSTITUTE TEACHER ALLOWANCE

Education Office, Kansas-Nebraska Conference of Seventh-day Adventists
3440 SW Urish Road, Topeka KS 66614-4601
785-478-4726 phone 785-478-1000 fax
Revised 3-2009

Name and address of substitute teacher (name must be the same as it appears on social security card)

Marital status: Married Single Number of exemptions: _____

Dates substituted: _____ Total days: _____

Teacher substituted for: _____

Reason for absence of teacher: _____

(Conference assistance is provided only when the regular teacher is out of the classroom due to illness or death in the immediate family OR an earned personal day OR special arrangements made with the superintendent)

The daily rate for paying a substitute teacher is as follows. Please check one.

- _____ \$80 Non-degreed
_____ \$100 Degreed
_____ \$120 Denominationally and state certified in area of teaching

Note: Substitute teachers must have a completed I-9, W-4 (and K-4 for Kansas) on file at the conference office before checks can be issued.

The school is to remit 25 percent of the amount with this request. The check will be sent directly from the conference to the substitute teacher at the **regular payroll time**. If a regular teacher is out for more than two weeks, special arrangements must be made.

Signature of principal or board chair: _____

For Conference office use only

Total allowance \$ _____

Church Portion: \$ _____

Conference Portion: \$ _____

Signature of Superintendent: _____