

**SOUTHERN CALIFORNIA CONFERENCE  
SUBSTITUTE TEACHER REPORT**

Name of Absent Teacher: \_\_\_\_\_

School: \_\_\_\_\_

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**Substitute Teacher Information:**

**ALL NEW SUBSTITUTE TEACHERS MUST BE CLEARED THROUGH THE OFFICE OF EDUCATION PRIOR TO EMPLOYMENT.**

Please check all that apply:  Day-to-day sub  Long-term sub (21+ days )  Sub info on file in HR

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Days Worked:** *(this form can accommodate up to 5 days' worth of subbing for the above-named absent teacher and substitute)*

Date \_\_\_\_\_ Hrs. Worked: from \_\_\_\_\_ to \_\_\_\_\_ Total Hrs = \_\_\_\_\_  
Absence due to:  Illness  Principal's Council  Personal Business  Other: \_\_\_\_\_

Date \_\_\_\_\_ Hrs. Worked: from \_\_\_\_\_ to \_\_\_\_\_ Total Hrs = \_\_\_\_\_  
Absence due to:  Illness  Principal's Council  Personal Business  Other: \_\_\_\_\_

Date \_\_\_\_\_ Hrs. Worked: from \_\_\_\_\_ to \_\_\_\_\_ Total Hrs = \_\_\_\_\_  
Absence due to:  Illness  Principal's Council  Personal Business  Other: \_\_\_\_\_

Date \_\_\_\_\_ Hrs. Worked: from \_\_\_\_\_ to \_\_\_\_\_ Total Hrs = \_\_\_\_\_  
Absence due to:  Illness  Principal's Council  Personal Business  Other: \_\_\_\_\_

Date \_\_\_\_\_ Hrs. Worked: from \_\_\_\_\_ to \_\_\_\_\_ Total Hrs = \_\_\_\_\_  
Absence due to:  Illness  Principal's Council  Personal Business  Other: \_\_\_\_\_

**Hourly Rate: \$17.50 x \_\_\_\_\_ total hours = \$ \_\_\_\_\_ Gross Pay \_\_\_\_\_**

**NOTES:** The Office of Education will pay 50% (**up to \$61.25 per day**) for the cost of the substitute teacher only for full day substitute teaching. When the conference requests the services of a teacher for a full day, the conference will pay 100% of the cost of the substitute teacher (**up to \$122.5 per day**). Payments for all substitutes will be made through the Payroll Office. Substitute expense will be charged to the absent teacher due to personal business.

**Principal's Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office of Education Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

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**OFFICE USE ONLY**

\$ \_\_\_\_\_ Account Receivable: Expense charged to school Dept. # \_\_\_\_\_

\$ \_\_\_\_\_ Substitute Teachers' Expense: Charge to conference account Dept. # \_\_\_\_\_

\$ \_\_\_\_\_ Account Receivable: Deduct from teacher paycheck Dept. # \_\_\_\_\_