

Montana Conference of Seventh-day Adventists
APPLICATION FOR PAYMENT TO BE MADE TO SUBSTITUTE TEACHER FOR
SERVICE RENDERED

This report is due in the Office of Education by the 19th of each month.

Policy: NPUC policy determines substitute teacher reimbursement for permanent, full-time employees for actual illness or funeral attendance for teachers' immediate families (parent, spouse, sibling, child, grandparents, or legal guardian.) The Montana Conference may authorize reimbursement for other appointments but will advise teachers when these are applicable.

The conference will pay for two personal leave days per year per teacher.

1. Name of substitute teacher _____

2. Address of substitute teacher _____
Street

City State Zip

3. Is substitute teacher a certificated teacher? Yes No

4. Has substitute teacher been approved by the local school board? Yes No

5. **Attach a W-4 form and an I-9 form for new substitutes.**

6. The above teacher substituted for _____
Name of Teacher

7. Name of School _____ Grades Taught _____

8. The date(s) for substitute teaching _____

9. Total number of hours taught _____

10. Reason for substitution _____

Requesting Conference Payment NPUC
Bill Local Teacher Bill Other Conference _____
Bill Local School Volunteer

Signature/Name of Principal/Head Teacher Date of Report

(OFFICE USE ONLY)

Conference Treasurer: Please issue and mail check to above substitute teacher

for _____ hours. \$11.00/hr (noncertified) or \$12.50/hr (certified) Total \$ _____

Date Approved Superintendent Signature