

**Texico Conference of SDA
P. O. Box 1366; 777 Sandia View Lane
Corrales, NM 87048**

SUBSTITUTE TEACHER REPORT BLANK

Substitute Teacher's Name _____

Address _____

Social Security Number _____

Number of Days Taught _____

Date of Days Taught _____

Name of Regular Teacher _____

Name of School _____

Reasons for Absence _____

SIGNED _____

Principal

Date of this report _____

Please complete the blanks below about the substitute teacher:

Years of teaching experience _____

College Degree _____

Teacher Certification _____

SUBSTITUTE TEACHER PAY

Substitute Teacher Reimbursement Plans

CONFERENCE TEACHER CONTRACT TEACHER

Conference Local School Conference Local School

| | | | | |
|---|-------------|-------------|-------------|-------------|
| Sick/Personal Days (As defined by SWUC policy) | 50% | 50% | | 100% |
| Workers' Compensation Claim (Conference will file claim) | 100% | | 100% | |
| Bereavement Policy (As defined by NAD policy) | 100% | | | 100% |
| Professional Day | 100% | | | 100% |
| SWUC Committees or Activities | 100% | | 100% | |
| School Evaluation | 100% | | 100% | |
| Field/Class Trips | | 100% | | 100% |

****Church Activities (Paid by the Church or Personally) 100% to both Conference or Contract Teacher**

Please circle the correct reimbursement plan below and percentage(s) above

\$75/Day

\$85/Day with current certification

Payroll Office Use Only

Conference Amount _____

School Amount _____