

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

**\*\*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

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**Payroll Office Use Only**

Conference Amount \_\_\_\_\_

School Amount \_\_\_\_\_