

Substitute Teacher Information

School Year: _____

School: _____

Chairperson: _____

Date the individuals below were voted by local school board: _____

Please return this form to the Conference office by the **August 31st**. This information is necessary so that it can be presented to the Board of Education for approval before your substitute(s) can be paid. This is necessary each school year – substitutes do not carry over from one year to the next.

						Conf. Use Only
Substitute Name and Address	Date of Birth	Professional Training	Certification Status*	Previous Teaching Experience	Subbed last year?	Shield the Vulnerable Date Completed
			SDA State None		Yes No	
			SDA State None		Yes No	
			SDA State None		Yes No	
			SDA State None		Yes No	
			SDA State None		Yes No	

*Copy of certificate must be on file in the Education Office or payment will be made at the lower rate.