

SUBSTITUTE TEACHER PAYROLL AND TEACHER ABSENCE REPORT

OFFICE OF EDUCATION—CENTRAL CALIFORNIA CONFERENCE

(Please use a separate report form for each substitute and/or teacher absence.)

(2018-2019 School Year)

SUBSTITUTE TEACHER INFORMATION:

SCHOOL _____

SUBSTITUTE NAME _____ PHONE # _____

SUBSTITUTE STREET ADDRESS _____

(Note: Payroll check will be sent to address provided—Please update)

CITY AND ZIP CODE _____

TOTAL DAYS TAUGHT _____ CURRENT TEACHING CREDENTIAL: ☐ DENOMINATIONAL ☐ STATE ☐ NONE

NOTE: (1) If this is a new substitute, **WE MUST HAVE COMPLETED HR EMPLOYMENT FORMS** on file before a check can be issued.

(2) If this person is a credentialed substitute, **WE MUST HAVE A PHOTOCOPY OF THEIR CURRENT NAD or State CREDENTIAL** before they can be paid the credentialed rate. They will be paid the non-credentialed rate until a copy is on file with us.

TEACHER ABSENCE INFORMATION:

TEACHER NAME _____ ☐ Elementary (K-8 or K-10 School) ☐ Academy (9-12 Grades)

TEACHER SIGNATURE _____ DATE _____

REASON FOR ABSENCE OF REGULAR TEACHER:

_____ Illness (Personal)	_____ Personal Leave (*See Note #4)	_____ Mentor Teacher Personal Leave (4 days not to be deducted from sick leave bank)
_____ Principals' Council	_____ Fall/Spring Education Council	_____ Funeral Leave
_____ Inservice/Seminar	_____ Mentor Meetings	_____ Other _____
_____ Curriculum meetings		_____ CCC Board of Education

DATE(S) ABSENT: From _____ To _____
Mo Day Yr Mo Day Yr

TOTAL DAYS ABSENT _____ NO. SICK DAYS _____ NO. PERSONAL LEAVE DAYS _____

NOTE #3: If teacher is absent due to illness for more than five consecutive days, please attach a statement from physician.

NOTE #4: If more than Four personal days have been taken out of the sick leave bank during the school year, the teacher will be charged the full cost of the substitute teacher for the additional personal days taken.

Signature of School Principal/Administrative Personnel

Date

Signature of CCC Education Department Personnel

Date

OFFICE USE ONLY

Rate Per Day \$ _____

Rate Per Half Day \$ _____

Total Due \$ _____

☐ Conference pays all

☐ Conference pays 1/3

☐ School pays all

☐ Teacher—Personal

☐ Other _____