

**SOUTH ATLANTIC CONFERENCE REPORT OF SUBSTITUTE TEACHER**  
**(Please Note: One Teacher Only for Each Report)**

Name of School: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Absent Teacher: \_\_\_\_\_

Total days absent for current school year: \_\_\_\_\_ Total days remaining for current school year: \_\_\_\_\_

**REASON FOR ABSENCE:**

Illness       Personal Business       Other \_\_\_\_\_

Principal's Council (100%)       Jury Duty (100%)

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Substitute Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Taught: \_\_\_\_\_ Total # Days: \_\_\_\_\_  
(Show month and day(s) and year for each time taught)

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**School portion is 50% - (For Conference sponsored absences the Conference pays 100%).**

**The range for substitute teacher pay is \$60-\$125.00. Fill in the per day amount your school board has voted to pay substitute teachers. When deciding, keep in mind education, certification and qualification of the person:**

DAILY RATE: \$ \_\_\_\_\_ TOTAL (Daily rate x the number of days: \$ \_\_\_\_\_)

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**IMPORTANT INFORMATION:**

1. Each teacher has seven sick days and three personal days. After these 10 days have been used, the teacher is responsible for paying the full amount of the substitute to the school.
2. Form W-4 (Withholding Certificate) must accompany this report unless substitute teacher has current one on file with Payroll Office.
3. The Office of Education pays 50% of the cost of the substitute teacher only for a full day of substitute teaching. The teacher absence must be for teacher illness, a death in the family, personal business, jury duty, or a conference request for the services of the teacher. Prior approval must be secured for the conference to share in the cost of a substitute teacher for any other reason. When the conference requests the services of a teacher for a full day, 100% of the cost of the substitute will be paid by the conference.
4. Payments for all authorized substitutes will be made through the Payroll office to the school.

Approved: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Principal/Board Chairman)

Approved: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Superintendent of Schools)