

**CERTIFIED LONG TERM SUBSTITUTE FORM**  
(10 days or more)

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**DEFINITION:** A LONG-TERM SUBSTITUTE TEACHER IS A TEACHER ON A SUBSTITUTE ASSIGNMENT OF TEN OR MORE CONSECUTIVE ASSIGNED WORKING DAYS FOR A GIVEN TEACHER (COLLECTIVE BARGAINING AGREEMENT APPENDIX A).  
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**THE SCHOOL IS RESPONSIBLE FOR REPORTING THIS ASSIGNMENT ON THE SUBFINDER SYSTEM.**

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**School :** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The following **licensed substitute** has been assigned for **10 consecutive days** and should receive contract pay.

\_\_\_\_\_  
**Substitute Teacher Name**

\_\_\_\_\_  
**Employee ID #**

\_\_\_\_\_  
**Number of hours per day**

\_\_\_\_\_  
**Beginning Date** to **Ending Date**

The ending date has not been determined. The substitute will continue until the teacher returns.

_____ <b>Absent Teacher's Name</b>	_____ <b>Employee ID #</b>
_____ <b>Reason for Absence</b>	
_____ <b>School/ Department</b>	_____ <b>Principal's Signature</b>

FOR HR USE ONLY:

Degree Held:	_____
(150days =1yr	_____
In-Dist. Sub Yrs:	_____
Other Yrs Exp.	_____
=====	_____
Total Years:	_____