

Iroquois Special Education Association

AIDE Substitute Reporting Sheet

Pay To: _____

Complete Address: _____

Is this a new address? **Yes** **No**

Phone number: _____

Do you have your Paraprofessional Approval Letter? **YES** **No:**

Substitute's Date of Birth: _____

Social Security No: _____

Federal Exemptions: _____

Illinois Exemptions: _____

Married: _____ Single: _____

Substituting For: _____

(ISEA AIDE NAME)

Name of School: _____

Date Worked: _____

Full Day **¾ Day** **½ Day** **¼ Day** **1 Period**

Did ISEA employee attend a staffing, workshop or other school business? **YES** **NO**

Signature of Substitute: _____

Approved by: _____

(BUILDING ADMINISTRATOR)

Return to: Iroquois Special Education Association
106 E Front St.
Gilman, IL 60938

Return to Central Office by the 3rd of the month, to be paid on the 15th of the month.
Return to Central Office by the 18th of the month, to be paid on the 30th of the month.