

Iroquois Special Education Association

Substitute Reporting Sheet

POSITION (Circle One): AIDE TEACHER

Pay To: _____

Complete Address: _____

Is this a new address? ____ Yes ____ No

Phone number: _____

Aide Sub - Do you have your Paraprofessional Approval Letter? YES ____ No: ____

Teacher Sub – Sub Certificate # _____

**Are you a retired teacher who receives a TRS pension? Yes ____ No ____

Substitute's Date of Birth: _____

Social Security No: _____

Federal Exemptions: _____

Illinois Exemptions: _____

Married: _____ Single: _____

Substituting For: _____
(ISEA STAFF MEMBER NAME)

Name of School: _____

Date Worked: _____

Full Day ____ **3/4 Day** ____ **1/2 Day** ____ **1/4 Day** ____ **1 Period** ____

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

Signature of Substitute: _____

Approved by: _____
(DISTRICT BUILDING ADMINISTRATOR SIGNATURE)

Send 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.