

REPORT OF SUBSTITUTE TEACHING
Nevada-Utah Conference
OFFICE OF EDUCATION

School _____

Substitute teacher _____

Does Substitute have a College degree: ☐ YES ☐ NO

Social security # _____

Address _____

City _____

State _____ Zip _____

Date of service:

From _____

To _____

Total days of service _____

Teacher that was substituted for _____

Reason for teacher absence _____

Signature of School Board Chair

Signature of Superintendent

Signature of Conference Treasurer

(Office use only)

Amount \$ _____ School \$ _____

Conference ¼ \$ _____ Bill School \$ _____

(Dr. S.P. Teachers – Sub. Teaching) (Dr. S.P. Accounts Receivable)

SP-230-62-290 SP-200-03-299