

Kentucky-Tennessee Conference
SUBSTITUTE PAY VOUCHER 2017-2018 SCHOOL YEAR
 You **must** submit this voucher even if the substitute does not want to be paid.
 Each teacher is eligible for 7 sick days & 3 personal days or 10 sick days.

Name of School:	Today's Date:
Teacher you are substituting for:	Grade:
Reason for teacher's absence: <input type="checkbox"/> Sick <input type="checkbox"/> Personal <input type="checkbox"/> Professional Workshop _____	
<input type="checkbox"/> Other _____	
Date(s) you taught (e.g.: Mon., June 11) _____ ___ Full Day ___ Half Day ___ Hours	
Your education: Less than a 4-year degree _____ or 4-year degree _____ or a Certified Teacher _____	
NOTE: All substitute teachers are to be paid from the Conference Office. The Conference will pay 75% for personal days (as per policy), illness or death in the immediate family. The total amount will be billed to the school, the teacher or other (e.g. NAD) for any other reason.	
_____ Signature of Substitute	_____ PRINT NAME
_____ Signature of Principal or School Board Chair	

TO BE COMPLETED BY THE SUBSTITUTE: **Once per year, please complete the W-4 form printed below.** Also, an I-9 form and its requested documentation must be on file in the Conference Office **before** any check is issued to any employee beginning employment after November 6, 1986. If you have not worked within the year then you must submit a new W-4 & I-9. Please contact the school office for an I-9 form should you need one.

Every new individual hired by your School needs to complete the following:

Very Important!

1. The I – 9 must be completed and signed within 3 days of when a person is substituting or the substitute teacher will not be paid and the work will be considered volunteer labor.
2. W-4
3. Background Check – needs to be completed before being hired. – Verified Volunteers – www.ncsrisk.org/adventist

FOR CONFERENCE USE ONLY

Number of days substitute teacher taught: _____ x \$ _____ per day = \$ _____

Number of hours substitute teacher taught: _____ x \$ _____ per hour = \$ _____

Substitute chooses to donate their time: _____

Charge: School \$ _____ Conference \$ _____ Teacher \$ _____ Other: _____ \$ _____

Make check payable to: _____ Approved: _____
(Superintendent)

Substitute Teacher:

Every substitute teacher must have the following at the Office of Education before they can sub:

- Completed background check – www.ncsrisk.org/adventist
- Original I-9 form signed by principal or school board chair
- If certified - send a copy of the current certification
- W-4
- Two pieces of ID (copy of driver's license and SSN) or passport

It is **extremely** important the following information is on the substitute voucher:

1. The reason for the absence*
2. Date sub taught*
3. Fill out ONE per teacher – If the sub is the same for different teachers, each one needs to be on a different form. The forms are filed here by teacher's name. Example - If Jane Doe subbed for John, Tim, and Sue at the same school, then 3 different sub forms need to be filled out and sent to the office. But if the sub taught for the same teacher 2 – 5 days consecutively, that can be listed on the same Sub Pay Voucher

Reminders:

Please put “**Education**” on the outside of all mail sent to the conference office. Let us know immediately if you have a change of address or email address. Check your email regularly for communication from our office.

Professional Development Funds:

Each teacher has \$200 to attend professional workshops. Prior approval is needed to receive these funds. The following paperwork is needed to receive funds:

1. Workshop request form – **prior** to attendance
2. After attendance - copy of certificate of attendance - also make a copy of the certificate and attach it to your nonacademic form. This gives us the correct number of hours to give you credit for the workshop.