

Sandwich Community Unit School District
Substitute Service Blank

Substitute Teacher _____

Address _____

City _____ State _____ Zip _____

a regularly qualified instructor, taught as a substitute _____ day(s)

from _____ to _____

for _____ (teacher's name or reason for subbing)

This teacher was absent _____ day(s) on _____/_____/_____ to _____/_____/_____

Regular Classroom _____ Special Education Classroom _____

School _____

Reason for Teacher's Absence _____

Substitute Signature _____

Building Principal Signature _____

Superintendent Signature _____

Are you a retired teacher? Yes No

- Have you signed a deduction form (W-4 and IL-W-4) at the Central Office?
- If these forms are not on file **you cannot be paid.**
- Please stop by the Central Office and file these forms with our District.
You must be registered with the DeKalb County ROE in order to be paid.