Substitute Services

Certified Substitute Teacher Recommendation

This form must be completed by the Principal requesting the certified pay rate for substitute teachers. The form must be sent to Substitute Services in the Department of Human Resources for approval at least ten (10) days prior to the anticipated absence. Please review the eligibility guidelines on the reverse side of this form. Please be sure to complete this form in its entirety.

Please email this form to [Substitutes@scsk12.org](mailto:Substitutes@scsk12.org), Subject: Certified Substitute Teacher Recommendation.

Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Administrator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEACHER INFORMATION:**

Replacement for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Replacement SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_Subject\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSIGNMENT INFORMATION:**

Beginning Date of Assignment \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Date of the Assignment \_\_\_\_\_\_\_\_\_\_\_\_\_

Budgetary Coding *(if available*) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

### **CERTIFIED SUBSTITUTE TEACHER:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec. # \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

###### E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ or Cell # (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Certification **\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification **\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Substitute Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Human Resources Approval**

(This space is for HR use only.)

* Approved
* Not Approved Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date of Certified Rate of Pay (21st Consecutive Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guides for Certified Substitute Teachers**

**Certified substitute teachers are eligible for a higher substitute teacher pay rate of $163.00 on the 21st consecutive day in the assignment.**

**The following will be utilized in granting approval for the certified substitute teacher pay rate:**

1. The substitute teacher must hold a valid Tennessee teaching license in the area in which he/ she is substituting.
2. The substitute teacher must be assigned to the same position more than 20 consecutive days.
3. The recommended certified substitute teacher must be an active Shelby County Schools substitute teacher.

\*\*\*Please email this form to [Substitutes@scsk12.org](mailto:Substitutes@scsk12.org), Subject: Certified Substitute Teacher Recommendation.

If you have any questions, please contact Substitute Services at 901-416-5304 or email Substitutes@scsk12.org.