

**REQUEST FOR LONG TERM SUBSTITUTE PAY**

**This form must be filled out for each long term assignment you are in.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please print

I confirm that I have been in a long term assignment at \_\_\_\_\_  
school

for \_\_\_\_\_ for at least 16 consecutive days, and  
employee's name/vacancy position

request to be compensated accordingly.

I began the assignment on \_\_\_\_\_, and my 16<sup>th</sup> day was on \_\_\_\_\_.  
date date

Substitute's Signature: \_\_\_\_\_

School/Department Administrator's Signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE HUMAN RESOURCES DEPARTMENT**

FAX: 309-672-6772

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**DATE STAMP/INITIALS**