

**COMMUNITY UNIT SCHOOL DISTRICT 300
HUMAN RESOURCES DEPARTMENT**

REPORT OF SUBSTITUTE ASSIGNMENTS

DATE: _____

TO: Human Resources
Community Unit School District 300
2550 Harnish Drive
Algonquin, IL 60102

FAX: 847-551-8493

ATTN: Substitute Teaching

I hereby request an increase to step 2 of the substitute pay schedule after 40 **non-consecutive, cumulative** substitute jobs for Community Unit School District 300.

Please check one:

I have attached a separate page providing job numbers of my assignments.

I have attached a print-out from Smartfind detailing my assignments.

Thank you,

Substitute Teacher's Signature

Access ID number

Name (Please Print)

****This form must be submitted within 30 calendar days of completion of your last work day detailed above for the increase to become immediately. Failure to submit this form within 30 calendar days will result in the increase becoming effective on the submission date of this form.***

For office use only:

Date received: _____

Lawson: _____

Payroll: _____

File: _____