

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

REPORT OF LONG-TERM 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 reimbursement for the per-diem difference for the first 19 days of my long-term assignment.

Start date of long-term assignment: _____

Please check one:

My assignment is for a teacher on leave

_____ at _____
Teacher School

My assignment is for an open position

_____ at _____
Position School

Thank you,

Substitute Teacher's Signature

School Administrator's Signature

Name (Please Print)

Access ID/Employee ID

For office use only:

Date received: _____

Lawson: _____

Payroll: _____

File: _____