



REIMBURSEMENT FOR SUBSTITUTE PAY
EDUCATION STANDARDS AND PRACTICES BOARD
 SFN 60159 (04-2015)

Instructions for Mentors and First-year Teachers:

1. Use the chart below to keep track of substitute time during the year and submit to your principal in the spring.

Instructions for Principal:

1. Complete and sign form.
2. **By June 6:** Fax to 701.328.9647 **OR** scan and email to lstenehj@nd.gov **OR** mail to ND Teacher Support System, 2718 Gateway Avenue, Suite 204, Bismarck, ND 58503 .

School Year 20__ - 20__	Name of District	Name of School
Name of First-year Teacher		Name of Mentor
Name of Principal		

Date	Substitute name	Duration	Reason for substitute

Date	Substitute name	Duration	Reason for substitute

Daily Rate (including benefits) \$	X	Number of Days	=	Total Amount Required \$
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I am requesting reimbursement as specified above (up to \$500) for substitute pay to cover Teacher Support System Mentoring Program activities.

Signature of Principal	Date signed
Telephone Number	
Required Check should read "Pay to the order of"	
Required Address where check should be sent	

For Use by Teacher Support System
APPROVED FOR TEACHER SUPPORT PAYMENT

DATE:

CODE **611**

PLEASE SUBMIT BY JUNE 6