



**REIMBURSEMENT FOR SUBSTITUTE PAY**  
 EDUCATION STANDARDS AND PRACTICES BOARD  
 SFN 60159 (03-2018)

**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 [ecjacobson@nd.gov](mailto:ecjacobson@nd.gov)  
**OR** mail to Erin Jacobson, 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 \$
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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**

All forms for the Teacher Support System Mentoring Program can be found online at <https://www.nd.gov/esp/esp/resources-mentoring-program-1>  
 ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.