




Request for Reimbursement of Substitute Teacher

All fields with * must be completed

SECTION 1: To be completed by the Person Submitting Form (please print)

* Name of School District:		
* Name of School:		
* Name of Administrator:		
* Signature of Administrator:		
* Name of CDE Function:		
* Location of CDE Function:		
* Date of CDE Function:		
* Name of Teacher(s) Requiring Substitute:		
* Date(s) Substitute is Required:		
* Phone Number of School:		
* Daily Substitute Rate: \$	* Number of Days:	* Total Requested: \$
* All checks will be submitted to District Offices. Please provide the name and address for your school district in the box to the right. 	* District:	
Once signed, return to Danny Mitchell : 303.866.6719 Mitchell_d@cde.state.co.us		

CDE OFFICIAL USE ONLY

SECTION 2: To be completed by the Colorado Department of Education Health & Wellness Unit


Fund Number: 915C-1406	Signature:	Date:
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COLORADO
Department of Education

Instructions for filling out Request for Reimbursement of Substitute Teacher

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Commented [MD1]: Name and signature of Administrator giving you permission to attend the training.

Commented [MD2]: Daily rate is what CDE is reimbursing substitute. If you are unsure get in contact with your district accounting department for rate.

Commented [MD3]: The rate total should include the salary and benefits for the teacher. Get in touch with your district accounting department for the totals.

Commented [MD4]: Reimbursement check will be sent to the school district. It is the responsibility of the teacher to check with the districts accounting department for payment. If you don't know the address for your district get in contact with your administrator.

Commented [MD5]: Once document is filled out completely, scan document and send to email address provided.

Commented [MD6]: To be signed by CDE personnel