

BUCKEYE UNION SCHOOL DISTRICT

LONG-TERM SUBSTITUTE FORM

REVISED: 1/20/2023

NAME: _____

FISCAL YEAR: _____

ADDRESS: _____

DATE: _____

CITY/STATE/ZIP: _____

PHONE: _____

DATE OF BIRTH: _____

EMPLOYEE ID #: _____

POSITION: _____

SUBSTITUTING FOR: _____

PERIOD OF SERVICE:

From _____ **to** _____

Please check if this will be over 20 days: _____ (substitute will be paid \$145/day for 20 consecutive days; on the 21st day they will be paid at the daily rate as per the certificated salary schedule of Column I, Step 1 (only if they have worked 20 consecutive days – there will be no retroactive pay for the first 20 days)

If email address and ESchool access is needed for the long-term substitute, please:

- 1) Have the substitute complete the Internet Use Agreement located on our website at: <http://www.buckeyeusd.org/Forms> and send to Sharon B.
- 2) Provide information through Tech Desk which must include start/end dates. If extension is needed, please notify via Tech Desk.

If this assignment will be over 30 days, what type of teaching credential does this individual hold and what date does it expire:

Type of Credential

Expiration Date

EL Authorization? Yes____ **No**____

Administrator's Signature of Approval