



Seventh-day Adventist Church  
MINNESOTA CONFERENCE  
ASSOCIATION

EDUCATION

## SUBSTITUTE TEACHER PAY REQUEST

Name of Substitute \_\_\_\_\_

Email \_\_\_\_\_

Calendar date(s) taught \_\_\_\_\_

Half day \_\_\_\_\_ Full Day \_\_\_\_\_

**School Name** \_\_\_\_\_

Name of regular teacher \_\_\_\_\_

Sick Day \_\_\_\_\_ Personal Day \_\_\_\_\_ Professional Development \_\_\_\_\_

SIGNED \_\_\_\_\_ Date of this report \_\_\_\_\_

**Return directly to Amy Bacon at [amy.bacon@mnsda.com](mailto:amy.bacon@mnsda.com)**

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**Note from Treasury: All substitute pay must be paid directly through the conference.**