

SAU # 14  
SUBSTITUTE REIMBURSEMENT FORM

Substitute's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

has substituted three times on the following dates:

1. \_\_\_\_\_ EES EMS EHS (Circle One)  
Date

2. \_\_\_\_\_ EES EMS EHS (Circle One)  
Date

3. \_\_\_\_\_ EES EMS EHS (Circle One)  
Date

The above named substitute has completed the requirements of the Epping School Board and can be reimbursed for the fingerprinting fee.

\_\_\_\_\_  
Substitute Coordinator's Signature Date

**WHEN COMPLETE PLEASE GIVE THIS FORM TO A BUILDING SUBSTITUTE COORDINATOR.**

***\*\*Please note that it might take 4 – 6 weeks for you to receive your reimbursement.\*\****