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

<u>WHEN COMPLETE PLEASE GIVE THIS FORM TO A BUILDING SUBSITUTE COORDINATOR.</u>

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