

**Northern California Conference
Office of Education
Long Term Sub Worksheet**

Full Legal Name _____
Full Address _____
Phone (Home) _____
Phone (Cell) _____
Email _____

Non-SDA Yrs of Exp _____
SDA Yrs of Exp _____

NCC School _____
Name of Absent Teacher _____
Grades(s)/Subjects _____

First Day Substituted _____ (Date needed for contract)
Last Day Expected to Sub _____ (Date needed for contract)

*****Please include copy of valid SDA certification*****

Degree _____
SDA Certification _____
SDA Certification Exp _____

% of Full Time _____
% of Salary _____ (Will be completed by Office of Education)

ALL LONG TERM SUBS ARE REQUIRED TO SUBMIT TIMESHEETS.

Substitute's Signature

Date

Principal's Signature

Date