

2021/2022 SUBSTITUTE REIMBURSEMENT FORM



Use this form only when a vote by each bargaining unit (Cert, Parapro, and SAEOP) at your school, program, or office has resulted in the decision to reimburse SEA-represented employees for additional responsibility/work they assume when a substitute is unavailable.

Substitute reimbursement funds refill quarterly based on the number of days that your school or program requested a substitute and none were available.

DIRECTIONS:

The amount to be divided among impacted employees is listed in the Substitute Reimbursement Rate column. Fill in the amount, date, and cost center code for your substitute reimbursement budget. A manager’s signature is required for payment.

Use one form per employee per day. Submit forms to payroll@seattleschools.org on a weekly basis.

Forms received by 15th of each month will be processed on the upcoming payroll.

Name of Employee Being Reimbursed	ID of Employee Being Reimbursed
Employee Signature	Work Location
Absent Employee (Print Name)	Frontline Confirmation Number

CERTIFICATED

E/C	Month	Day	Year	Amount	Fund	Cost Center	CI
1103				\$	1000		2062

CLASSIFIED

E/C	Month	Day	Year	Amount	Fund	Cost Center	CI
1104				\$	1000		3062

Substitute Reimbursement Rates 2021/2022

Impacted Employee	Unavailable Sub	Substitute Reimbursement Rate
Certificated	Parapro	\$184.94
Certificated	Certificated	\$232.89
Parapro/SAEOP	Parapro/SAEOP	\$184.94
Parapro	Certificated	\$227.89
SAEOP	Nurse	\$274.92

Principal/Program Manager **Authorization**

Date



[Click on the Email Button to submit your form](#)