

Request for Third Party Substitute Reimbursement

Requests should be submitted to the Area Administrator of Schools at least 10 days prior to the date(s) of the absence(s). All requests must be accompanied by verification of the absence from the agency to be billed.

EMPLOYEE INFORMATION

Name _____ Social Security Number XXX – XX – _____
 Phone Number _____ School/Location _____
 Date(s) of Absence _____
 Reason for Absence _____

THIRD PARTY BILLING INFORMATION

Agency to be Billed _____
 Contact Name _____ Contact Phone Number _____
 Billing Address _____
Street City State Zip

AGREEMENT

1. The absence(s) will be charged to school professional days, unless the absence is requested / approved by the Curriculum or Human Resource Departments.
2. If the absence is not approved by the Area Administrator of Schools, the employee will be required to use accrued leave (i.e. Personal, Alternate, No-Pay) in accordance with District Policy for the absence(s).

Employee Signature _____ Date _____

Principal/Director Signature _____ Date _____

AREA ADMINISTRATOR APPROVAL

- Approved
- Not Approved

Area Administrator Signature _____ Date _____

HUMAN RESOURCE DEPARTMENT USE

Absence verified in Aesop _____ Agency billed date _____
 Absence verified in Skyward _____ Payment received date _____
 Deposit Account Code _____