

**REQUEST FOR AUTHORIZATION
SPECIAL EDUCATION TEACHER SUBSTITUTE
2015-16**

_____ I.S.D. is requesting Brush Country Co-op to agree to reimburse the district for a special education substitute.

Substitute's Name

Special Ed. Teacher

Dates

Reason for Substitute: _____

Justification for Request: _____

_____ I.S.D. assures Brush Country Co-op this expenditure will not supplant the local (199-23) special education budget. The I.S.D. further assures that this substitute will only be used to meet the needs of special education students in the manner described above.

Board approved, June 5, 2013, you may request reimbursement at your district substitute rate for non-certified personnel / or for certified personnel, and must be distinguished on invoice to BCC, when requesting reimbursement.

Superintendent / Business Managers Signature

Date

Approval/Rejection of Request

Brush Country Co-op hereby:

☐ approves the above request (the district will invoice Brush Country Co-op for reimbursement prior to June 1st of the current year) (will be reimbursed at the Mathis I.S.D. substitute rate)

☐ rejects the above request: _____

Special Education Director
Brush Country Co-op
B.C.C. 08/15

Date