



Pursuant to Public Act 100-0550, which was signed on 11/9/17- Substitute Fee Reimbursement- ISBE has released the guidelines on their website:

In efforts to reduce the substitute teacher shortage, ISBE is now offering a reimbursement of application and registration fees to qualifying applicants.

To Qualify:

- Your Sub issuance date must be later than July 1, 2017
- You must work at least 10 full school days within one year of your issuance date
- You must apply for the reimbursement within 18 months of your issuance date

If you meet these requirements, please complete form 73-02: Substitute License Fee Refund Request <https://www.isbe.net/Documents/73-02-Substitute-License-Fee-Refund-Request.pdf> . **This form must be returned to ISBE by the school or district official.** Forms submitted by the applicant will not be honored.

FAQ's-

1. Only Sub licenses that are issued after July 1, 2017 qualify. Substitutes who are working under a PEL do not qualify for the reimbursement. Para-professional licenses do not qualify.
2. The sub does not have to work all 10 days in the same district. However, the substitute will have to have a form signed and turned in by each district for which they work a qualifying day.
3. The district will be responsible for emailing ISBE the completed form. ISBE will not accept forms from the individual or from the ROE. It must come from the school district.



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



SUBSTITUTE LICENSE FEE REFUND REQUEST

EDUCATOR LICENSURE DIVISION

Instructions: If a substitute license was issued after the date of July 1, 2017 and the educator has worked more than ten full school days within a year of receiving the license, a request for a refund on the license and registration fee may be submitted. **All refunds will be credited back to the credit/debit card used to make the payment.**

The educator should complete Part I of this form, and a School or District Official should complete Part II. Please request the form to be e-mailed to sub10refund@isbe.net. **Forms submitted by the applicant will not be honored.**

PART I – TO BE COMPLETED BY THE EDUCATOR

APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN NUMBER	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	
	E-MAIL	

_____ Date of Issued Substitute License

_____ County/ROE Registration Fees Paid In

PART II – TO BE COMPLETED BY SCHOOL OR DISTRICT OFFICIAL

Please complete the following assurance of how many days the individual has been a substitute and email this form to sub10refund@isbe.net.

I certify that the above named individual, _____ has been employed _____ days during the past year since their Substitute License has been issued.

NAME OF SCHOOL	TELEPHONE (Include Area Code)
NAME OF AUTHORIZED OFFICIAL	FAX (Include Area Code)
TITLE OF AUTHORIZED OFFICIAL	E-MAIL

_____ Date

_____ County/ROE Registration Fees Paid In