



### Substitute Fee Reimbursement

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 application license fee may be submitted. The application for refund request must be submitted within 18 months from the date of issuance of the new license. **All refunds will be credited back to the credit/debit card used to make the payment.**

The educator must complete Part I of this form, and a School or District Official must complete Part II. Please request the form to be e-mailed to [sub10refund@isbe.net](mailto:sub10refund@isbe.net). Forms submitted by the educator will not be honored.

If your application fee was paid prior to December 3, 2018, your refund will be processed in check format and a W-9 and direct deposit form will need to be completed. You must sign and mail the attached W-9 and direct deposit forms to our office in addition to emailing form 73-02. Please ensure you have fully completed and signed both a W-9 and direct deposit form.

#### 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](mailto:sub10refund@isbe.net).

I certify that the above named individual, \_\_\_\_\_ has been employed on the following license within one year of issuance of the license:

Substitute License for \_\_\_\_\_ Days

Short Term Substitute License for \_\_\_\_\_ Days

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

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Authorized Official