

Miami-Dade County Public Schools
Division of Special Education

IEP SUBSTITUTE FORM (2013-2014)

This form must be returned as soon as the substitute has been utilized. If the substitute was used for more than one teacher on the same day, please list the names of all teachers.

Teacher(s) Name(s):

Employee # (s):

Substitute's Name:

Substitute Employee #:

School Name:

School Location #:

Date of utilization

Region

Substitute funding structure:

<u>Fund:</u>	<u>Program</u>	<u>Function</u>	<u>Object</u>	<u>Location:</u>
420000	35310000	520000	514900	1973100

Above funding structure is for 2013-2014 school year only. All prior program numbers have expired. Use of program numbers from previous years will result in a charge back to your school location.

Return this form by fax to Ms. Diane Greer, at 305-995-1760 or 305-523-0159. You may also email it to dgreer@dadeschools.net.