



TAZEWELL-MASON COUNTIES SPECIAL EDUCATION ASSOCIATION

Administrative Office
300 Cedar St., Pekin, IL 61554

Application for Substitute Referral Bonus

I _____ hereby refer _____ as a substitute for
(Please print name legibly) (Please print name legibly)

TMCSEA/Schramm Educational Center.

I understand that in order to receive the bonus payment of \$200.00, the individual named above must complete substitute work on one scheduled day.

Signature of Employee

Date

For Administrative Office Completion

Time Received: _____

Date Received: _____

Received by (Initials): _____

Approved Disapproved _____
Director Date

Upon completion the employee should turn in this form to the TMCSEA Administrative Office. A copy of approved or disapproved request(s) will be sent to the employee. The Board will approve all substitute referral bonus checks to be paid in monthly accounts payable checks issued to the active employee upon substitute's completion of first day/shift worked.