



# Illinois State Board of Education

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



## SUBSTITUTE LICENSE FEE REFUND REQUEST

### EDUCATOR EFFECTIVENESS DEPARTMENT

**Instructions:** If a substitute license was issued after July 1, 2017, and the educator has worked more than 10 full school days within a year of receiving the license, a request for a refund on the 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 emailed to [sub10refund@isbe.net](mailto:sub10refund@isbe.net). **Forms submitted by the educator 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)	
	EMAIL	

\_\_\_\_\_ 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	EMAIL

\_\_\_\_\_ Date

\_\_\_\_\_ *Digital or Original* Signature of Authorized Official