



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 fee may be submitted. **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. **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) | |
| | 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 DISTRICT | TELEPHONE (Include Area Code) |
| NAME OF AUTHORIZED OFFICIAL | FAX (Include Area Code) |
| TITLE OF AUTHORIZED OFFICIAL | E-MAIL |

_____ Date

_____ Signature of Authorized Official