

## **BECOME A SUBSTITUTE TEACHER IN DEKALB COUNTY**

You may enroll as a SUBSTITUTE TEACHER in DeKalb County if you hold:

- a valid Illinois Professional Educator License (PEL) **or**
- any valid Illinois educator license that was issued based on a Bachelor's Degree in any area

To be valid for substitute teaching in DeKalb County, an Illinois educator license must be registered in DeKalb Region 16.

If you ***already hold*** an Illinois Educator License backed by a Bachelor's Degree please follow this enrollment procedure:

### **Enroll as a Substitute Teacher in DeKalb County**

1. Complete the forms in the *DeKalb County Substitute Teacher Packet* (available at the ROE or online at [www.dekalbcounty.org/ROE](http://www.dekalbcounty.org/ROE)), including the Physician's Statement of Good Health and results of a TB Test.
2. Make an appointment at the DeKalb ROE for a fingerprint-based criminal background check (\$58.00 cash, check, Visa, MasterCard, or Discover).
3. While at the ROE, read the booklet and complete the brief quiz on *Bloodborne Pathogens*.

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If you ***do not hold*** an Illinois Educator License that was issued on a Bachelor's Degree please follow this procedure:

### **Set Up an ELIS (Educator Licensure Information System) Account**

If you already have an ELIS account proceed to the next section. ***Do not set up a duplicate ELIS account.***

1. Go to the Illinois State Board of Education website at [www.isbe.net](http://www.isbe.net).
2. Click *Login to ELIS*. Located under the blue bar on the upper left side.
3. Select *Login to Your ELIS Account* from the *Educator Access* box.
4. Select *Sign Up Now* from the menu on the left.
  - a. If you have an ELIS account, but never signed in (you do not have a Login Name or Password), select *Click Here for First Time Access to the ELIS System*.
5. Enter the information requested. All red arrows indicate required information. Record your Login Name and Password in a safe place for future reference and login purposes.
6. You will be congratulated on creating your new account.
7. Click *Continue*. This will launch ELIS and take you to your personalized home page.

**Apply for a Substitute Teaching License (SUB)**

1. Go to the Illinois State Board of Education website at [www.isbe.net](http://www.isbe.net). Select the *Teachers* link.
2. Select the blue box *Login to ELIS*.
3. Under *What Do You Want To Do?* select *Apply for Substitute License (SUB)*.
4. Follow the Application Wizard, including payment of the \$50.00 application fee and small processing fee. Fees can only be paid online using a credit card.
5. Provide to the ROE an official transcript that has your degree posted on it. The transcript must be in a sealed envelope from the college or university or sent electronically from the university to the ROE.

**Register Your License**

1. Once your license is issued you must register the license to make it valid for employment.
2. Go to the Illinois State Board of Education website at [www.isbe.net](http://www.isbe.net). Select the *Teachers* link.
3. Select the blue box *Login to ELIS*.
4. In the *Action Center* on your home page, select *Registrations*. You may also see a 1\* and a yellow triangle next to *Registrations*. Follow the screens, entering the information requested.
5. Select the region(s) in which to register your license. DeKalb County is Region 16. You may register your license in more than one region, but it must be registered in the region(s) in which you work.
6. Pay your \$60.00 registration fee (good for the remainder of the first fiscal year of licensure plus five additional fiscal years) and a small processing fee. Fees can only be paid online using a valid credit card.
7. You will receive confirmation that your license has been registered successfully. Click *Finish*.

You will also need to **Enroll as a Substitute Teacher in DeKalb County** as described above.

**REIMBURSEMENT FOR SUBSTITUTE LICENSE FEE**

If a SUB License was issued after July 1, 2017 **AND** the educator has worked more than ten (10) full school days within a year of receiving that license, a request for a refund of the license fee may be submitted to the Illinois State Board of Education.

Please contact **the school district(s)** in which you completed the ten full days to begin the refund process.

**DON'T HAVE A BACHELOR'S DEGREE?**

If you have at last 60 semester hours of college coursework or an Associate's Degree, you may still be able to substitute teach under the new **Short-Term Substitute Teaching License**.

Please contact Tessa Acker at the DeKalb County Regional Office of Education for more information.



# DeKalb County Regional Office of Education

## DeKalb County 2022-2023 Substitute Teacher Salary

*\*Updated as of 6/22/2022; Subject to change.*

Genoa-Kingston #424	\$110.00 daily or \$135.00 daily after 15 consecutive days in same assignment
Indian Creek #425	\$125.00 daily or \$212.32 after 20 consecutive days in same assignment
Hiawatha #426	\$95.00 daily or \$120.00 after 15 consecutive days in same assignment
Sycamore #427	\$110.00 daily or \$150 after 10 consecutive days in same assignment
DeKalb #428	\$130.00 daily or \$155 after 15 consecutive days paid retroactively to 1 <sup>st</sup> day.
Hinckley-Big Rock #429	\$115 daily or \$125 after 15 non-consecutive days in the same school year. \$211.30 daily after 15 consecutive days for long term sub assignment.
Sandwich #430	\$120.00 daily or \$130 daily after 15 consecutive days or \$220 daily after 25 consecutive days.
Somonauk #432	\$106.00 daily or \$150 per day after 5 days
I.V.V.C.	\$100.00 daily / \$50.00 half day
St. Mary - Sycamore	\$95.00 daily
St. Mary – DeKalb	\$90.00 daily
KEC	\$95.00 daily for Restart or \$120.00 after 10 consecutive days in same assignment; \$35.00 per session for CTE (Hours are 8:30am-2:15pm)

## DeKalb County 2022-2023 Substitute Para Pro/Aide Salary

Genoa-Kingston #424	\$12.00 hourly/\$13.00 hourly extra duty
Indian Creek #425	\$94.25 daily
Hiawatha #426	\$11.00 hourly
Sycamore #427	\$84.50 daily
DeKalb #428	\$12.00 hourly or \$90.00 daily/\$45 ½ day
Hinckley-Big Rock #429	\$90.00 daily or \$100 after 15 non-consecutive days per school year.
Sandwich #430	\$12.00 hourly
Somonauk #432	\$100.00 daily
IVVC	\$12.00 - \$16.00 hourly
St. Mary (Sycamore)	\$75.00 daily
St. Mary (DeKalb)	\$12.50 hourly



Amanda Christensen, DeKalb County Regional Superintendent

2500 N. Annie Glidden Rd., DeKalb IL 60115 (815) 217-0460 [www.dekalbcounty.org/ROE](http://www.dekalbcounty.org/ROE)

## DeKalb County Substitute Teacher

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Phone Number	Social Security #	Date of Birth (mm/dd/yyyy)	
Email Address			IEIN #

**IN WHICH SCHOOL DISTRICTS WOULD YOU LIKE TO SUBSTITUTE?**  
 (Your name and contact information will be sent to the districts that are checked)

<input type="checkbox"/> Genoa-Kingston #424 <input type="checkbox"/> Indian Creek #425 <input type="checkbox"/> Hiawatha #426 <input type="checkbox"/> Sycamore #427 <input type="checkbox"/> DeKalb #428	<input type="checkbox"/> Hinckley-Big Rock #429 <input type="checkbox"/> Sandwich #430 <input type="checkbox"/> Somonauk # 432 <input type="checkbox"/> KEC <input type="checkbox"/> IVVC	<input type="checkbox"/> Cornerstone <input type="checkbox"/> St Mary (DeKalb) <input type="checkbox"/> St Mary (Sycamore)
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**ARE YOU A RETIRED TEACHER?**       NO     YES      *\*Substitute will be paid by the individual school districts*

**ALL SUBS MUST:**

- ✓ Have a negative TB result and a physician’s statement of good health obtained within the past 90 days.
- ✓ Provide all **OFFICIAL** college or university transcripts in a sealed envelope or sent electronically directly from the college or university.
- ✓ Hold an Illinois Educator License, backed by a Bachelor’s degree, which must be registered in **Region 16** for the current academic year.
- ✓ Complete the following forms: State of Illinois and FBI Criminal Background check, I-9 employment verification (by presenting appropriate documentation), read/sign the Check of Sex Offender and Violent Offender/Child Murderer Database form, and the TRS enrollment and beneficiaries form.
- ✓ Complete the online DCFS Mandated Reporter Training. Present certificate of completion and signed acknowledgement form.
- ✓ Read the booklet and pass a quiz on “Bloodborne Pathogens For School Staff.”
- ✓ Contact the Regional Office of Education before the beginning of **each school year** to be enrolled and included on the Substitute Calling List.

**NOTES:** (Is there anything special you would like the districts to know?)

**Office Checklist (for office use only)**

<input type="checkbox"/> Transcripts or ELIS Images <input type="checkbox"/> I-9 Eligibility Verification <input type="checkbox"/> TRS Membership & Beneficiary Form <input type="checkbox"/> DCFS Mandated Reporter Form <input type="checkbox"/> DCFS Mandated Reporter Certificate <input type="checkbox"/> Check of Sex Offender & Violent Offender Child Murderer Databases Form  <input type="checkbox"/> / / / Date Background Check Submitted <input type="checkbox"/> / / / Date of ISP Fingerprint Report <input type="checkbox"/> / / / Date of FBI Fingerprint Report <input type="checkbox"/> / / / Date of ISP Sex Offender & Child Murdered/Violent Offender Verification	<input type="checkbox"/> Bloodborne Pathogens Quiz <input type="checkbox"/> Physicians Statement <input type="checkbox"/> TB Clearance
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License expires June 30, 20\_\_\_\_\_ Type of License \_\_\_\_\_ Registered in Region 16 \_\_\_\_\_

ELIS \_\_\_\_\_ Mail TRS \_\_\_\_\_ ROE Database \_\_\_\_\_ Scan \_\_\_\_\_ Date Sent \_\_\_\_\_



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

► **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)**

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's start of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C, based on the Basis of Acceptable Documents.)*

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security		
	8. Native American tribal document			
	9. Driver's license issued by a Canadian government authority			
	<b>For persons under age 18 who are unable to present a document listed above:</b>			
	10. School record or report card			
	11. Clinic, doctor, or hospital record			
	12. Day-care or nursery school record			

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



2815 W Washington, PO Box 19253  
 Springfield IL 62794-9253  
 R. Stanley Rupnik, Executive Director  
 (877) 9-ASK-TRS | (877-927-5877)  
 FAX: (217) 753-0964  
 members@trsill.org | http://www.trsil.org

# Member Information and Beneficiary Designation Form

First Name	Middle Initial	Last Name	Maiden Name	Member Social Security number <i>(Required for tax-reporting purposes.)</i>
Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Home telephone number	
Street Address			Work telephone number	Extension
City			Cell phone number	
State		Zip	Email address	
Please select <u>one</u> :				
<input type="checkbox"/> I have included my proof of birth that is required to receive any future benefits from TRS. Acceptable proof of birth includes a copy of the birth certificate, valid passport, valid driver's license or other state-issued identification card.				
<input type="checkbox"/> My birth certificate is already on file with TRS.				
<input type="checkbox"/> Member of another Illinois public employee retirement system (specify system's name)				

By completing this form, a TRS member or annuitant designates beneficiaries to receive death benefits. Information provided on this form will become part of the member's permanent TRS record and will determine distribution of death and survivor benefits. This designation revokes any prior designation. If this current designation is found to be invalid, the most recent designation on file with TRS will remain in effect. Eligibility is determined by the survivor's status at the time of the member's death. Monthly survivor benefits can be paid only to eligible dependent beneficiaries.\*

If the automatic designation is selected, do not complete the Beneficiary Refund or Survivor Benefits sections.

<input type="checkbox"/>	<b>Automatic Designation</b> <i>(commonly selected by members with a spouse or civil union partner and/or minor children)</i> In lieu of designating specific beneficiaries, I elect that my dependent beneficiaries, as determined at my death, receive a beneficiary refund and/or survivor benefits. If no dependent beneficiary survives, benefits will be paid to my estate.
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If automatic designation is not selected, you must complete the Beneficiary Refund section. Alternate beneficiaries will receive benefits should primary beneficiaries predecease the member. When a beneficiary designation includes more than one person, the benefits are divided equally among the living beneficiaries of that class (primary or alternate).

Beneficiary Refund				Survivor Benefits			
Primary Beneficiaries				Primary Beneficiaries			
First name	Last	Date of birth	Relationship	First name	Last	Date of birth	Relationship
Alternate Beneficiaries				Alternate Beneficiaries			
First name	Last	Date of birth	Relationship	First name	Last	Date of birth	Relationship

If additional space is required, attach a separate sheet designating primary and alternate persons for Beneficiary Refund and Survivor Benefits. Also include the last four digits of your Social Security number, signature, and date.

<b>Certification:</b> By signing, I certify that this information is correct. I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud the Teachers' Retirement System is guilty of a Class 3 felony. Please be advised that, if the TRS Board has reasonable suspicion that a false record has been filed with the System, it is required to report the matter to the state's attorney for investigation.	
Member's signature (mandatory)	Date

Signature pursuant to a General Power of Attorney is not accepted by TRS.

\*See page 2 for more information.

You may fax the form to TRS at (217) 787-2269



## **Types of Beneficiaries**

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The member may designate a beneficiary to receive survivor benefits. If this individual is a dependent beneficiary, then he or she is eligible to receive either monthly benefits or a lump-sum payment. However, if the member designates a nondependent beneficiary, only a lump-sum benefit is payable. Monthly benefits cannot be paid to dependent beneficiaries if a nondependent beneficiary is also designated and survives the member.

**Dependent beneficiary.** A spouse to whom the member has been married for at least one year, except where a child is born of the marriage in which case the qualifying period is not applicable; a civil union partner to whom the member has been partnered for at least one year; an unmarried natural or adopted child under 18, or between ages 18 and 22 if he or she is a full-time student in an accredited educational institution, or an unmarried child of any age who is dependent by reason of a physical or mental disability and claimed as a dependent on the member's final federal income tax return; a dependent parent who received from the member at least half of his or her support for the 12-month period immediately prior to the member's death.

**Nondependent beneficiary.** Any other designated person or entity who is not a dependent beneficiary.

## **Types of Benefits**

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**Beneficiary Refund.** This benefit is only payable upon death. The member cannot elect to receive this benefit. This refund includes a return of the member's retirement contributions, statutorily required interest on the retirement contributions, and member contributions paid toward the annual increases in annuity. This refund is payable: to a designated beneficiary; if no beneficiary is designated, to the surviving spouse or civil union partner; or if no one is designated and there is no surviving spouse or civil union partner, to the member's estate. After retirement, this amount is reduced by the amount of retirement benefit payments made to the member.

**Survivor Benefits.** A beneficiary is eligible to receive a lump-sum survivor benefit if the member's death occurs during TRS-covered employment or in the 12-month period immediately following the last day of earnings, while on a creditable leave of absence, or while receiving disability benefits.

A dependent beneficiary may also be eligible to receive monthly survivor benefits if certain requirements are met by the member before death.

Children, unless named as a beneficiary on the MIBD form, are only eligible for benefits if they are the children of the surviving parent who will receive monthly benefits. In the case of a divorce, if the member names the new spouse or civil union partner and had children with the prior spouse or civil union partner, those children are not eligible for monthly survivor benefits.

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*For instructions on designating a trust, please contact TRS.*

*A Qualified Illinois Domestic Relations Order (QILDRO) on file with TRS when the member dies may affect distribution of survivor benefits. For more information about QILDROs, please consult the QILDRO publication available on the TRS website.*

*As with all TRS benefits, death and survivor benefits must be paid in accordance with the Pension Code, 40 ILCS 5/16. If there is any discrepancy between the information on this form and applicable law, the law controls.*



# DeKalb County Regional Office of Education

## PLEASE COMPLETE THE FOLLOWING REQUIRED TRAINING FOR SUBSTITUTE TEACHERS IN ROE 16

In order to substitute teach in DeKalb County you must complete the required online Department of Children and Family Services (DCFS) Mandated Reporter Training and submit the certificate of completion along with this form to the DeKalb ROE.

The purpose of this online course is to help all Illinois Mandated Reporters understand their critical role in protecting children by recognizing and reporting child abuse.

The Training Includes:

- A pre-training assessment (13 multiple-choice questions)
- 60-90 minutes of self-paced interactive training
- A post-training assessment (13 multiple-choice questions)
- A Certificate of Completion

Please use the following web address to access the required training;

<http://mr.dcfstraining.org/UserAuth/Login!loginPage.action>

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Print Name

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Signature/Date

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Employee Authorized Signature/Date



Illinois Department of  
**DCFS**  
Children & Family Services

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**ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS**

I, \_\_\_\_\_, understand that when I am employed as a  
(Employee Name)

\_\_\_\_\_, I will become a mandated reporter under the  
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse and neglect Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I understand that in an effort to help mandated reporters understand their critical role in protecting children by recognizing and reporting child abuse/neglect, DCFS administers an online training course entitled **Recognizing and Reporting Child Abuse: Training for Mandated Reporters**, available 24 hours a day, seven days a week.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under, but not limited to, the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

CANTS 22  
Rev. 5/2019

Office of the Director  
406 E. Monroe Street • Springfield, Illinois 62701  
[www.DCFS.illinois.gov](http://www.DCFS.illinois.gov)



# DeKalb County Regional Office of Education

## Check of Sex Offender Database and Violent Offender/Child Murderer Database

The Illinois School Code requires the Regional Office of Education to check the Statewide Sex Offender Database and the Child Murderer/Violent Offender Database for all employees of school districts.

(105 ILCS 5/10-21.9 (a-5), effective July 14, 2005; \*amendment effective August 23, 2019\*)

*The school district or regional superintendent shall further perform a check of the Statewide Sex Offender Database, as authorized by the Sex Offender and Child Murderer Community Notification Law, for each applicant. \*The check of the Statewide Sex Offender Database must be conducted by the school district or regional superintendent once for every five years that an applicant remains employed by the school district.\**

(105 ILCS 5/10-21.9 (d), effective July 14, 2005)

*No school board shall knowingly employ a person for whom a criminal history records check and Statewide Sex Offender Database check has not been initiated.*

(105 ILCS 5/10-21.9 (a-6), effective June 12, 2007; \*amendment effective August 23, 2019\*)

*The school district or Regional Superintendent shall further perform a check of the Statewide Child Murderer and Violent Offender Against Youth Database, as authorized by the Child Murderer and Violent Offender Against Youth Community Notification Law, for each applicant. \*The check of the Statewide Child Murderer and Violent Offender Against Youth Database must be conducted by the school district or regional superintendent once for every five years that an applicant remains employed by the school district.\**

I understand that the Regional Office of Education will check the Sex Offender Database ([www.isp.state.il.us/sor/](http://www.isp.state.il.us/sor/)) and the Child Murderer/Violent Offender Database ([www.isp.state.il.us/cmvo/](http://www.isp.state.il.us/cmvo/)) as part of my enrollment for substitute teaching.

I further understand that the Regional Office of Education will check the Sex Offender Database ([www.isp.state.il.us/sor/](http://www.isp.state.il.us/sor/)) and the Child Murderer/Violent Offender Database ([www.isp.state.il.us/cmvo/](http://www.isp.state.il.us/cmvo/)) every five years or as otherwise required by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Possible Names: \_\_\_\_\_

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For Regional Office of Education use only:

\_\_\_\_\_ **The Sex Offender Database was checked.** ([www.isp.state.il.us/sor/](http://www.isp.state.il.us/sor/))

\_\_\_\_\_ **Child Murderer/Violent Offender Database was checked.** ([www.isp.state.il.us/cmvo/](http://www.isp.state.il.us/cmvo/))

Name of person conducting these checks \_\_\_\_\_ Date: \_\_\_\_\_

Name of person conducting these checks \_\_\_\_\_ Date: \_\_\_\_\_

Name of person conducting these checks \_\_\_\_\_ Date: \_\_\_\_\_



**Amanda Christensen, DeKalb County Regional Superintendent**

**2500 N. Annie Glidden Rd., DeKalb IL 60115 (815) 217-0460 [www.dekalbcounty.org/ROE](http://www.dekalbcounty.org/ROE)**



# DeKalb County Regional Office of Education

## PHYSICIAN'S STATEMENT OF GOOD HEALTH

The Illinois School Code requires that new employees show evidence of physical fitness to perform duties assigned to them. Any cost shall rest with the employee. **PLEASE RETURN COMPLETED FORM TO THE ROE.**

I hereby certify that \_\_\_\_\_ meets the above requirement of physical fitness.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip

## TUBERCULIN SKIN TEST

I hereby certify that \_\_\_\_\_ is free of tuberculosis. This is based on a TUBERCULIN SKIN TEST given on \_\_\_\_\_ indicating \_\_\_\_\_ mm.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip

*(105 ILCS 5/24-5, b-5) School boards may require of new substitute teacher employees evidence of physical fitness to perform duties assigned and shall require of new substitute teacher employees evidence of freedom from communicable disease. Evidence may consist of a physical examination by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, a licensed advanced practice registered nurse, or a licensed physician assistant not more than 90 days preceding time of presentation to the board, and the cost of such examination shall rest with the substitute teacher employee. A new or existing substitute teacher employee may be subject to additional health examinations, including screening for tuberculosis, as required by rules adopted by the Department of Public Health or by order of a local public health official. The board may from time to time require an examination of any substitute teacher employee by a physician licensed in Illinois to practice medicine and surgery in all its branches, a licensed advanced practice registered nurse, or a licensed physician assistant and shall pay the expenses thereof from school funds.*



Amanda Christensen, DeKalb County Regional Superintendent

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**DeKalb County Regional Office of Education  
Amanda Christensen, Regional Superintendent**

2500 N. Annie Glidden Road, Suite C DeKalb, IL 60115

815-217-0460 (Phone) 815-217-0467 (fax)

**Receipt and Authorization for Release of Criminal History Record Check**

**\*\*Fingerprints by appointment ONLY, please call us to schedule at (815) 217-0460.**

**\*\*Please fill out your personal information and sign/date on the line below.**

LAST NAME:		FIRST NAME:		MI:
SOCIAL SECURITY#:		DATE OF BIRTH(MM/DD/YY):		
SEX:	RACE:	PLACE OF BIRTH(State or Country):		
(Selection Options: Asian; American Indian/Alaskan; Black; White (note: Select White for Hispanic); Unknown)				
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	
HOME ADDRESS:				
CITY:		STATE:	ZIP CODE:	

**APPLICANT AUTHORIZATION**

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware that images of my fingerprints will be captured and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation where permitted by law. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TO BE COMPLETED BY LIVESCAN TECHNICIAN:**

APPLICANT JOB CATEGORY: SUBSTITUTE TEACHER	
DATE:	TIME:
ISP TCN TRACKING #: LS10476L6938	REFERENCE #: 014
<b>PROOF OF IDENTIFICATION:</b>	
Driver's License ___ State ID ___ Military ID ___ Foid Card ___ Student ID ___ Other: _____	
<b>METHOD OF PAYMENT:</b>	
Cash ___ Check ___ Credit Card ___ KEC(Invoice) ___ N/A ___	
FEE AMOUNT: \$ <u>58</u>	COLLECTED <u>X</u> BILLED ___
TECHNICIAN NAME:	

NOTICE: This form (or a copy) must be retained for two years from date of fingerprint. After such time this form (or copy), will be destroyed or erased. Fingerprint submission are for a single submission and cannot be used for another purpose. We will not be able to investigate any fingerprint scans sent from our location past 90 days, that time may be shorter depending on the requesting agency. The fingerprint results of this check are sent to the agency/facility requesting your background check. Fingerprint results are not sent to the individual or this office. Under certain law you may be entitled to a copy of the background check that was requested, for more information about this please contact the requesting agency. If there is a discrepancy about the information on your background check please contact the Illinois State Police.

**\*\*\*PLEASE SEE REVERSE SIDE\*\*\***

SUBSTITUTE

Thank you for selecting FIRM for your fingerprinting requirements.

This document serves as permission and receipt for fingerprinting services.

**Substitute Teachers:**

Results of this Illinois criminal background check and the FBI background check will be sent to your Regional Office of Education. Contact the office for approval or status.

**School Bus Drivers:**

We recommend that a copy of this receipt accompany your application for licensure. Results of this Illinois criminal background check and the FBI background check will be sent automatically to the Illinois Secretary of State, Safe Ride Division. The school that has requested the background check will receive the Illinois Criminal Background check. Contact this department for license approval or status.

A unique number (TCN) has been assigned to your fingerprints and should be used for tracking purposes when contacting the state.

**School Employees:**

Results of this Illinois criminal background check and the FBI background check will be sent automatically to the school district that has requested the background check. Contact that office for approval or status.

**School Volunteers:**

Results of this Illinois criminal background check will be sent automatically to the school district that has requested the background check. Contact that office for approval or status.

*Disclaimer:*

Fingerprint image quality is determined by three key factors: age, physiology, and the type of work that the applicant has done with their hands. There are circumstances beyond our control that cause fingerprints to be unreadable and, thus, rejected by either the IL State Police or FBI. The IL State Police recognizes this situation and has established follow-up procedures to address this problem.

If your fingerprints are rejected, a notification of the rejection from the State Police will be sent to the school. The Secretary of State receives both the IL State Police and FBI notification. They will notify you. You must have your fingerprints taken a second time. Please contact the location where your fingerprints were originally taken to arrange a time to retake your fingerprints. You will be required to provide the unique 16-digit Transaction Control Number (TCN) or the FBI ICN in order to receive the \$10.00 resubmission fee. Failure to bring this number will cause resubmission at full price. If fingerprints are rejected a second time, both rejection notifications (TCNs) may be used to request a name-based criminal background check from either the State Police or FBI.

**FIRM Systems  
206 South Sixth Street  
Springfield, Illinois 62701  
866-721-1203**

**Should you have any questions regarding your fingerprint submission, please contact FIRM at 866-721-1203 or [verifyadmin@hso.net](mailto:verifyadmin@hso.net).**

## Privacy Act Statement

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

### Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Name (printed):

Applicant Name (signature):

Date:

**THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.**