FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS

FORM NO. 514 (REV. 2005)

TEACHER'S SERVICE RECORD

SOC. SEC. NO._____

SCHOOL YEAR 20___ - 20___

RETIREMENT NO. _____

SCHOOL CORPORATION _____ COUNTY _____ NAME _____

DATE EMPLOYED _____ CONTRACT $ _____ PER DAY $ _____ ADDRESS _____

SCHOOL CORP. OF LAST EMPLOYMENT _____ ACCUMULATED SICK LEAVE EARNED ____ CREDIT TO DATE (EXCLUDING THIS SCHOOL YEAR) _____

PAY PERIOD ENDING MONTH OR OTHER	DAYS IN PERIOD	DAYS LOST	DAYS WORKED	SICK & QUARANTINE DAYS USED	FAMILY DEATH DAYS USED	PERSONAL OR CIVIC AFFAIRS DAYS USED		GROSS SALARY	BALANCE SICK & QUARANTINE DAYS UNUSED	NAME OF SUBSTITUTE EMPLOYED DURING ABSENCE OF REGULAR TEACHER	NO. OF DAYS EMPLOYED	RATE PER DAY PAID TO SUBSTITUTE	
ACCUMULATED LEAVE BROUGHT FORWARD (BALANCE UNUSED FORMER YEARS)													
AVAILABLE SICK AND QUARANTINE LEAVE THIS SCHOOL YEAR (INCLUDING NOT TO EXCEED 3 DAYS CREDIT FROM LAST EMPLOYMENT)													
								$				$	
TOTALS								$				$	

ACCUMULATED LEAVE FORWARDED TO NEXT SCHOOL YEAR