

PUTNAM COUNTY EDUCATIONAL SERVICE CENTER
124 PUTNAM PARKWAY
OTTAWA, OHIO 45875
TELEPHONE: 419-523-5951 FAX: 419-523-6126

**SUBSTITUTE TEACHER Forms for
Putnam County Public Schools and Putnam County ESC**

NAME _____

ADDRESS _____

CITY, STATE ZIP _____

PREFERRED PHONE # _____ 2ND PHONE # _____

EMAIL: _____

CERTIFICATION/LICENSURE AREA: _____

If your degree is not in education, please indicate your area of concentration:

Please list the Putnam County Public Schools in which you prefer to substitute or list "All Schools".

Columbus Grove

Kalida

Ottawa Glandorf

Continental

Leipsic

Ottoville

Ft. Jennings

Miller City New Cleveland

Pandora Gilboa

Please indicate if you have a grade level preference: _____

If the school (s) you checked above house a Putnam County ESC Special Education or Preschool Special Education/Preschool classroom would you be interested in substituting in these classrooms?

Special Education Yes No Preschool Yes No

If you are available only certain days of the week/hours of the day, please indicate:

Other Notes: _____

Would you be interested in doing after-school tutoring? Yes No

IMPORTANT: Have you lived continuously in Ohio the past 5 years? Yes No

NOTE—We reserve the right to verify residency.

I acknowledge that I have received a copy of "Licensure Code of Professional Conduct for Ohio Educators"

SIGNATURE _____ DATE _____

We will also need the following:

1. A copy of your valid teaching license must be on file.
2. Background Reports: All new substitute teachers, as well as teachers renewing licenses, must undergo Criminal Background Reports. When you first come on the list, both Ohio BCII and National FBI reports are required (Cost: \$64.) If you are renewing a license, only the FBI Report is required if you have previously had a BCII Report AND have lived in Ohio continuously for the past 5 years (Cost: \$32). Background reports can be done at the Putnam County ESC – call for an appointment. **Failure to have current background reports on file or fraudulently answering the question verifying Ohio residency will prohibit employment.**

If you no longer wish to be on the substitute list, please notify Ann Niese at the Putnam County ESC as soon as possible either by phone: 419-523-5951, Ext. 3001 or email ann.niese@putnamcountyesc.org. Questions about substitute teaching should also be directed to Ann Niese.

Rev. May 2020



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	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<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. <i>(See instructions)</i> <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> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

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





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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 first day 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 as listed on the "Lists 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.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
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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Acknowledgement of receipt of Auditor of State fraud-reporting system information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging the Putnam County Educational Service Center provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud-reporting system.

I, _____, have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

NAME,

PLEASE SIGN NAME

DATE

PUTNAM COUNTY EDUCATIONAL SERVICE CENTER

COUNTY BOARD MEMBERS

Daryl E. Amstutz, Pandora
William F. Goecke, Glandorf
Virgil P. Hohlbein, Ottoville
Lillian L. McKibben, Continental
Marilyn M. Weber, Ottawa

Michael Siebeneck, Treasurer

DR. JAN L. OSBORN, Superintendent

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General Education Coordination
Special Education Services /
Coordination
Preschool & Early Childhood
Education/Coordination
Alternative Education Program
Substance Abuse Prevention
Technology Coordination
Attendance Officer
Grants Management

Confidentiality Agreement

I understand student confidentiality is important when working in a classroom, especially a special education classroom. I understand confidentiality must be maintained at all times. This includes not only when I am in the school building, but also out in the community.

Due to FERPA (Family Educational Rights and Privacy Act), students are not to be discussed outside of the classroom with anyone but the classroom teacher and/or teaching assistant. I agree to maintain this student confidentiality at all times.

Printed Name

Signature

Date

LOCAL SCHOOL DISTRICTS

Columbus Grove - Continental - Jennings - Kalida - Leipsic - Miller City-New Cleveland
Ottawa-Glandorf - Ottoville - Pandora-Gilboa

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This letter provides notice of reasonable assurance of continued employment with the district when each school term resumes after a scheduled school break. By virtue of this notice, please understand that you may not be eligible for unemployment insurance benefits drawn on school district wages during any scheduled school breaks including, but not limited to, the summer, winter, and spring breaks. This assurance is contingent upon continued school operations and will not apply in the event of any disruptions that are beyond the control of the district (e.g., lack of school funding, natural disasters, court orders, public insurrections, war, etc.).

This is not an employment contract. Your continued employment is on an at-will basis. Employers may terminate at-will employees at any time for any reason or for no reason, except for legally impermissible reasons. At-will employees are free to resign at any time for any reason or for no reason.

Your services on behalf of the children are appreciated, and we hope that you will be able to continue your association with the districts.

Please complete the following information and return. Failure to sign and return this letter will be treated as a voluntary resignation.

Name (print)

Address

City, State, Zip

E-mail

Telephone

Signature

Date

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