

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 read the Licensure Code of Professional Conduct found on the ESC website at bit.ly/3VUbzdl

SIGNATURE _____ DATE _____

We will also need the following:

1. A copy of your valid teaching license.
2. Background Reports: All new substitute teachers, must undergo BCI/FBI Criminal Background Checks and returning substitute teachers must renew FBI background checks every 5 years. Background reports can be done at the Putnam County ESC, call for an appointment. The BCI cost \$32 and FBI cost \$32.

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 2023



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 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
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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				

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 Administrative Assistant	
Last Name of Employer or Authorized Representative Niese		First Name of Employer or Authorized Representative Ann	Employer's Business or Organization Name Putnam County ESC	
Employer's Business or Organization Address (Street Number and Name) 124 Putnam Parkway		City or Town Ottawa	State OH	ZIP Code 45875

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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Employment Eligibility Verification
Department of Homeland Security
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Form I-9
OMB No. 1615-0047
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▶ **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>)	
<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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	

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



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



Ohio Revised Code

Section 117.103 Auditor of state's system for reporting fraud.

Effective: November 2, 2018

Legislation: House Bill 312 - 132nd General Assembly

(A)(1) The auditor of state shall establish and maintain a system for the reporting of fraud, including misuse and misappropriation of public money, by any public office or public official. The system shall allow Ohio residents and the employees of any public office to make anonymous complaints through a toll-free telephone number, the auditor of state's web site, or the United States mail to the auditor of state's office. The auditor of state shall review all complaints in a timely manner.

(2)(a) Subject to division (A)(2)(b) of this section, the auditor of state shall keep a log of all complaints filed under this section, which is a public record under section 149.43 of the Revised Code. The log shall include the date the complaint was received, a general description of the nature of the complaint, the name of the public office or agency with regard to which the complaint is directed, and a general description of the status of the review by the auditor of state. If section 149.43 of the Revised Code or another statute provides for an applicable exemption from the definition of public record for the information recorded on the log, that information may be redacted.

(b) The auditor shall not log a complaint regarding an ongoing criminal investigation, but shall log the complaint not later than thirty days after the investigation is complete.

(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 shall confirm receipt of this information within thirty days after beginning employment. The auditor of state shall provide a model form on the auditor of state's web site to be printed and used by new public employees to sign and verify their receipt of information as required by this section. The auditor of state shall confirm, when conducting an audit under section 117.11 of the Revised Code, that new employees have been provided information as required by this division.

(2) On May 4, 2012, each public office shall make all its employees aware of the fraud-reporting system required by this section.

(3) Divisions (B)(1) and (2) of this section are satisfied if a public office provides information about the fraud-reporting system and the means of reporting fraud in the employee handbook or manual for the public office. An employee shall sign and verify the employee's receipt of such a handbook or manual.

PUTNAM COUNTY EDUCATIONAL SERVICE CENTER

COUNTY BOARD MEMBERS

William F. Goecke, Glandorf
Michael J. Ruhe, Ottawa
Rita M. Schnipke, Ft. Jennings
Frank S. Sukup, Ft. Jennings
Virgil Hohlbein, Ottoville

Michael Siebeneck, Treasurer

DR. JAN L. OSBORN, Superintendent

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General Education Coordination
Special Education Services /
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Curriculum Services
Preschool & Early Childhood
Education/Coordination
Grants Management
Red Cross Provider
Project MORE
Migrant Education Regional
Provider

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

LOCAL SCHOOL DISTRICTS

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