TRI-COUNTY SCHOOLS CLASSIFIED SUBSTITUTE CONTRACT

(Custodian, Food Service, Secretary) (Available on our website www.tricountyesc.org)

	Date:			
Name:			E-mail:	
Address:			Phone No.:	
			Alt. Phone No.:	
Other names whic	h may appear on official docu	ments (e.g. maiden	:	
In case of an emergency notify-Name:			Phone No.:	
Check Employmer	nt Preferences (applicant may	change these by ca	alling or emailing the substitute co	ordinator):
I wish to s	serve all schools in:	Ashland County	Holmes County	Wayne County
-OR-I wis	h to serve only: (districts/schoo	ols)		
	lates I'm not available			
l would be	e willing to substitute 1/2 day if			
	e to substitute in Wooster City			
	ep my preferences the		ar.	
Check substitute	position(s) desired:			
Custodian	Food Service	Secretary	Educator State ID# (if known)	
List years of expe	rience, location, special creder	ntials, and related s	- kills:	
Education:	School or Institution	Name [Diploma, GED, or Degree (type a l	nd field of study)
High School				
Undergraduate College				

Graduate Work

CONTRACT FOR EMPLOYMENT AS A CLASSIFIED SUBSTITUTE ON A SUBSTITUTE, TEMPORARY, OR CASUAL BASIS UNDER PROVISIONS OF RC 3319.10

The Ashland–W. Holmes Career Center, Chippewa Local, Dale Roy, East Holmes Local, Green Local, Hillsdale Local, Loudonville-Perrysville Ex. Village, Mapleton Local, Northwestern Local, Norwayne Local, Orrville City, Rittman Ex. Village, Southeast Local, Triway Local, Wayne Co. Board of DD, Wayne Co. Schools Career Center, West Holmes Local, Wooster City, Wooster Montessori and the Tri-County Educational Service Center ("The Board of Education") and the undersigned ("Substitute") agree to this contract to employ said classified substitute on a substitute, temporary or casual day-to-day basis for assignment as services are needed to take the place of regular staff during the current school year.

- 1. The classified substitute agrees to work upon request of the Local Superintendent or his designee, hours or days as needed and as scheduled by the Local Superintendent or his designee. It is expressly understood that the Board of Education does not guarantee any minimum number of work hours or work days, for the classified substitute. The work hours or work days of the employee may be increased, decreased, or made unnecessary, as determined by the Local Superintendent or his designee. It is further understood that classified substitutes employed as substitutes on a casual day-to-day basis are not entitled to the notice of non-renewal ordinarily required for limited contracts under RC 3319.081.
- 2. For work performed as requested and as authorized by the Local Superintendent or designee, the Board of Education shall pay the employee the rate(s) it has adopted. The employee shall not be entitled to Board paid insurance, paid leave days, or any other fringe benefit accorded to regular classified staff.
- 3. It is understood that this contract is renewable from year to year upon the proper submission of a current background check and a signed contract.
- 4. Valid for the **2024-2025** school year.

"I understand and affirm that my electronic signature is the valid, legal equivalent of my handwritten signature, and that I am bound by my electronic signature in the same manner as my manual signature."

SIGN HERE

Employee Signature

President, Tri-County Educational Service Center

Date

Treasurer, Tri-County Educational Service Center

READ CAREFULLY

All applications for employment are subject to a criminal records check through the Bureau of Criminal Identification and Investigation and Federal Bureau of Investigation pursuant to the authority of Section 3319.39 and Section 109.572, Revised Code.

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.

"I understand and affirm that my electronic signature is the valid, legal equivalent of my handwritten signature, and that I am bound by my electronic signature in the same manner as my manual signature."

IGN HERE

Employee Signature

Date

For Office Use Only:

Signed Contract

____ I9 Form

____ I9 Documents

Copy of SSC

BCI/FBI Background Checks