

## SUBSTITUTE TIER RATE FORM SCHOOL YEAR 2019-2020

Date \_\_\_\_\_

School District \_\_\_\_\_

**21<sup>st</sup> Consecutive Day on Assignment**

Only districts who have elected this tiered rate option.

Teacher Name:	
Teaching Subject:	
Grade Level:	
Assignment Begin Date:	
Building Assignment:	

20 <sup>th</sup> Day Worked on:	
21 <sup>st</sup> Day Tier Rate Begin Date:	
Tiered Rate on 21 <sup>st</sup> Day:	\$ _____

**On the 61<sup>st</sup> Consecutive Day:**

**Will the sub be paid by your district?**       Yes  No

If yes, what is the effective day worked that you will begin paying the sub for \_\_\_\_\_.

If no, please complete the portion below, sign, and return.

Sub ID No	888	
Substitute Name:		
Starting Tier Rate		
Qualifying License Type?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Expiration Date		

**61<sup>st</sup> Consecutive Day on Assignment**

60 <sup>th</sup> Day Worked on:	
61 <sup>st</sup> Day Tier Rate Begin Date:	
Tiered Rate on 61 <sup>st</sup> Day:	190/day - COG will Pay

61<sup>st</sup> consecutive day in an assignment must have appropriate licensure or COG Board approval depending on license type.

This License/Skills Information can be found and reports can be ran in Absence Management under Reports, Report Writer, Substitute Information,

Report Name: 2019-20

SWO-COGSubsLicense/Skills/Expires/Phone/Em

Click on Run with Filters

*Please complete this form PRIOR to any anticipated rate increase for any substitute that is to be paid by the Southwest Ohio Council of Governments. Tiered rates for each district vary, so please complete the sections that apply only to your district.*

*Tiered rate pay applies to substitutes who work in the same position or assignment (meaning the sub is subbing for the same teacher, in the same school building) for a number of consecutive days without being absent, UNLESS specified and approved by the Treasurer.*

Use the notes section below to indicate if there are any exceptions and to let us know when a substitute has completed the long-term assignment.

Please email this completed and signed form to Julie Blackburn at julie.blackburn@warrencountyesc.com

**NOTES:**

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\_\_\_\_\_  
Building Principal's Signature

\_\_\_\_\_  
Treasurer's Signature

\* Building Principal and Treasurer have verified that the substitute is properly licensed in subject area beginning on the 61<sup>st</sup> day.

**\*\*This form must be signed by the Treasurer and returned before we can pay substitutes any tiered rate pay.**

**COG Board Approval Over 60 Days** \_\_\_\_\_