Intent to Return Form

<u>If your ODEW license DOES NOT EXPIRE 06/30/2024</u>, you will receive an email from "noreplycogsubs" (pictured below). If you do not receive this email, please email us at cogsubs@warrencountyesc.com

Southwest Ohio Council of Governments	
Please complete the Intent to Return	1

1 Click the hyperlink "Intent to Return"

2 When the link opens, the form will open, and you MUST enter your contact information.

LETTER OF REASONABLE ASSURANCE / INTENT TO RETURN

2024 – 2025 School Year May 1, 2024 Due Date 6/30/2024

Employee ID

Employee ID

The Southwest Ohio Council of Governments (SWOCOG) intends to maintain your employment in a similar position for the school year stated above.

Fees

Application fees have been waived to re-apply as a substitute; however, you are responsible for the cost of maintaining an active teaching or substitute license through the Ohio Department of Education and Workforce Development.

Certification

- If your teaching or substitute license through the Ohio Department of Education and Workforce expires on 6/30/2024 you need to renew your license through ODEW.
- You will upload your license through the "Update ODE License" form.

Unemployment

All substitutes processed through the SWOCOG are reasonably assured of continued employment until otherwise notified. Unemployment benefits based on service in an educational institution typically will not be paid to any individual for any week of unemployment between academic years/terms, <u>or</u> during established holidays/breaks. Generally, substitutes will not be eligible for unemployment benefits.

School Calendars

See the combined calendars for the customary holidays and breaks on our website at www.cogsubs.com

Contact Info	ormation(Please complete eve	n if there are no changes)	— 2		
Current Addr	ress: Home Address	City	State	Zip	
Preferred Ph	one Number For Frontline Use	()			
Full Name:	First Name	MI Last Name			
Personal Em	ail Address For Frontline Use:	Email			
Signing below	w indicates your intention to ret	urn as a substitute with the Southwe	st Ohio Council of Governme	ents.	
*Signature	Click here to sign	 3	*Date Submitted: Submit D	Date G]

3 Click on "Click Here to Sign." A pop-up box will appear.

4 Select "Draw" or "Type." Write your full name and select the preferred font.

4 Draw Type
Mary Poppins
Select font below:
Mary Poppins
Mary Poppins
Mary Poppins
other persons and entities who might have knowledge concerning information that L have 6 Previous Form Next Form Save Form Submit All Forms
 5 Enter today's date. 6 Click the green "Save Form" Button.
A non un hox will oppoor
A pop-up box will appear: Click "Yes"
All required forms are ready to submit.
Do you want to submit all completed forms?
ivitis:
firm I No Yes hentation
7
Durfac County Contrast (\$43), 007, \$500,084
Another pop-up box will appear:
8 Click "Close"
Your form(s) have been successfully
submitted.
Close 8