# **Intent to Return Form**

<u>If your ODEW license DOES NOT EXPIRE 06/30/2024</u>, you will receive an email from "**No-Reply Cog Subs**" (pictured below). If you do not receive this email, please email us at <u>cogsubs@warrencountyesc.com</u>

Southwest Ohio Council of Governments	
Please complete the Intent to Return	

## 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 Information(Please complete even if there are no changes)	<b>├───</b> 2
Current Address: Home Address City	State
Preferred Phone Number For Frontline Use: ()	
Full Name: First Name MI Last Name	
Personal Email Address For Frontline Use: Email	
Signing below indicates your intention to return as a substitute with the Southwe	st Ohio Council of Governments.
*Signature Click here to sign 3	*Date Submitted: Submit Date

Olick 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.

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Select font	
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	Mary Poppins
	other persons and entities who might have knowledge concerning information that I have $6$
	Previous Form Next Form Save Form Submit All Forms
5	Enter today's date.
	Click the green "Save Form" Button.
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	7 Click "Yes"
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