## **Intent to Return Form**

If your ODEW (Ohio Department of Education and Workforce) license is expiring on <u>06/30/2024</u>, you need to renew your license or apply for a new license an obtain a copy <u>BEFORE</u> filling out the 2024-2025 Intent to **Return Form** and the 2024-2025 Updated ODEW License Form.

## If your ODEW license expires 06/30/2024, 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 and ODE License Required.						
<ul> <li>Click the hyperlink "Intent to Return"</li> <li>When the link opens, the form will open, and you MUST enter your contac LETTER OF REASONABLE ASSURANCE / INTENT</li> </ul>						
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 yea	r 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.						
<ul> <li>Certification         <ul> <li>If your teaching or substitute license through the Ohio Department of Education and Workforce expirition through ODEW.</li> <li>You will upload your license through the "Update ODE License" form.</li> </ul> </li> </ul>	res on 6/30/2024 you need	to renew your license				
Unemployment All substitutes processed through the SWOCOG are reasonably assured of continued employment until other service in an educational institution typically will not be paid to any individual for any week of unemployment 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)						
Current Address: Home Address City State	Zip					
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 Southwest Ohio Council of Governments.						
*Signature Click here to sign 3 Click on "Click Here to Sign." A pop-up box will appear.	Date 🖬 🖌	5				

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

Mary Popp	4 Draw Type X
Select font	
	Mary Poppins
	Mary Poppins
	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.
6	Click the green "Save Form" Button.
A p	op-up box will appear:
l Addr se upl Licen wise	All required forms are ready to submit. Do you want to submit all completed forms?
firm (	No Yes
	other pop-up box will appear:
	B Click "Close"
	Your form(s) have been successfully submitted.

## Updated ODE License Form

	UPDATED ODE LICENSE				
Cont	tt Information(Complete even if there are no char	nges)	Employee ID	Employee ID	
Curre	nt Address: Home Address	Gty	Zip		
Prefe	red Phone Number for Frontline Use:				
Full M	ame: First Name Mi	Last Name			
Pers	nal Email Address for Frontline Use: Email				
Plear	e upload an updated ODE Teaching/Subsitute licen	se:			
Bro					
Uple	3				
I confirm that I have uploaded	and Updated ODEW and any o	ther supporting documents		- 4	
	600	Warren County ESC (513) 695-2900 #4			
Sove Draft Submit Cono NOTE: The current address,		e and email address	s fields will Al I		
populate. Simply review for e					
Click "Browse."	<u>11013.</u>				
<ul> <li>Select the PDF file of</li> <li>Click on the drop-dow</li> </ul>	-	D ODEW license.			
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	have uploaded and Up	dated ODEW and an	iy other suppo	ning documents.	
6 Click the green "Save	Form" button.	A			
		- 5			
Previous Form Next Form	Save Form Subn	iit All Forms			
A pop-up box will appear					
6 Click "Yes"					
I Address Laster Country					
All required forms are ready Do you want to submit all co forms?	ompleted	6			
Data Care	No Yes				