

SUBSTITUTE TIER RATE FORM  
SCHOOL YEAR 2024-2025

Date \_\_\_\_\_

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

**Remote Learning Environment?**  Yes  No

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

**Madison Only**

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

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

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

**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 the district will begin paying the sub \_\_\_\_\_.

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

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.

*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.*

Please email this completed and signed form to **Julie Prack** at **Julie.Prack@warrencountyesc.com**

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.

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** \_\_\_\_\_