



Substitute Administrator Packet

Thank you for your interest in helping us provide the best possible educational opportunities for students in Madison and Champaign Counties.

Please complete and return all forms to our office:

***Madison-Champaign ESC
2200 S. US Hwy 68
Urbana, OH 43078
Attn: Ashley Carey***

Phone: 937-484-1557

Fax: 937-652-2221

ashley.carey@mccesc.org

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Substitute Services for Madison-Champaign ESC

Requirements to become a Substitute Administrator:

I. A completed substitute administrator packet-

This packet is located online at www.mccesc.org under *Employment Opportunities*, then *Substitute*. The packet must be completed and returned to Ashley Carey.

II. College Transcripts

(Does not need to be official, a copy will suffice.)

III. Current background checks-

Current is: BCI and FBI completed *within the last year of application*. Both background checks must have been *completed under codes 3319 39B3 (BCI) and Public School District or Chartered Nonpublic School Employees (FBI)*. You must mail a copy to the Madison Champaign Educational Service Center and have a direct copy sent to the Ohio Dept. of Education. If you have had a background check completed and can obtain copies that meet the above requirements, we can accept those copies. If you have not had a background check completed, we do offer that service here to you at the ESC, **by appointment only**. Background checks are \$30.00 each; we accept cash, check, credit and debit.

IV. Current Administrator License with ODE-

If you do not have a license, one can be obtained through Ohio Department of Education's website via a SAFE account- instructions are located in this packet.

Please note: you are applying for a substitute teacher position for the Madison-Champaign ESC. Our agency places our substitutes within our ESC Classes in Madison, Champaign, Clark and Logan Counties, as well as within the schools listed on the following page. Urbana City Schools in Champaign County and Jonathan Alder in Madison County do not use our sub list; you will need to reach out to these districts if you desire to be placed on their sub list.

I have read and understand the above requirements

Applicant's Signature / Date

Name: _____

Please circle the building(s) in which you wish to sub.

Champaign County

Graham Local

High School
Middle School
Elementary
Preschool

Mechanicsburg

High School
Middle School
ESC Middle School MD Class
Elementary
ESC Preschool

Triad

High School
ESC High School MD Class
Middle School
Elementary
ESC Elementary MD Classes
ESC Preschool

West Liberty-Salem

High School
Middle School
ESC Middle School MD Class
Elementary
ESC Preschool

Champaign County Alternative School (Bellefontaine)
ESC Preschool at Urbana PK-8 Building
ESC Elementary MD Class at Urbana PK-8 Building
ESC Jr. High MD Class at Urbana PK-8 Building
ESC High School MD Class at Urbana PK-8 Building
LIFE Transition Classroom- ages 18-21 (MCESC Building in Urbana)
London Elementary MD
London High school ED
Mac-A-Cheek Learning Center- ED Classes (Bellefontaine)
Mac-A-Cheek South ED(London)
Mac Central- ED Classes at the MCESC in Urbana
Structured Classrooms for Autism (Bodey Circle, Urbana)

Madison County

Jefferson Local

High School
Middle School
Elementary School
Norwood Preschool

London City Schools

High School
Middle School
Elementary School
ESC ED Classes (Mac South)
London Elementary MD
London High school ED

Madison Plains

High School
Middle School
Intermediate
Elementary School

Madison County Board of DD

Fairhaven Preschool

Note:

MD- Students have Multiple Disabilities

ED- Students have Emotional Disabilities

Employment Application for Licensed Positions

8/2016

Madison-Champaign Educational Service Center

Districts Served:

- Graham Local
- Jefferson Local
- Jonathan Alder Local
- London City Schools
- Mac-A-Cheek Learning Center



- Madison-Plains Local
- Mechanicsburg EV Schools
- Triad Local
- Urbana City Schools
- West Liberty-Salem Local



www.mccesc.org

Phone: (937) 484-1557
Fax: (937) 652-2221

Dr. Daniel R. Kaffenbarger, Superintendent
2200 S. US Highway 68, Urbana OH 43078

Please print or type clearly; incomplete or illegible application will not be processed.
Please answer all appropriate questions completely and to the best of your ability.

Date: _____ Last 4 Digits of Social Security # _____

Name: _____
Last First Middle

Present Address: _____
Street/Road Apt. No. City/State Zip Telephone E-mail

Permanent Address: _____
Street/Road Apt. No. City/State Zip Telephone E-mail

Position(s) applying for in order of preference: _____
_____ Full Time Teaching Only
Part Time Teaching Only
Substitute Teaching
(Circle all that apply)

Indicate Certification/Licensure you hold, or will hold by July 31st.

A. If you have been issued a certificate/license in the state of Ohio, please submit a photocopy.

License Information

Type	Status	Endorsement	State	Expires	Certification/Licensure#

B. For SLP, OT, PT, COTA, PTA: Board License # _____ & Expiration Date _____

Professional Experience ♦ List last position first.

If you have less than three years of experience, please include student teaching experience and indicate with an asterisk (*) Do not include Substitute Teaching.

School District/Organization Name and Address:	Position Held: Grade and or Subject Taught (Specify)	Dates of Employment From: To:	Supervisor's Name, Position, Present Phone #, and E-Mail	Total Years	Extra Duties (i.e. curriculum com., tech.com.)

Total Number of Years of Public School Experience _____ Non-Public _____ Total →→

References

Please list below the names and addresses of five persons who can speak of your professional competency and character. Include at least three names of former superintendents, principals and/or supervisors for whom you taught or teach.

Name	Position:
Street Address, City, State, Zip Code	E-mail: Phone: Home: () Business: ()
Name	Position:
Street Address, City, State, Zip Code	E-mail: Phone: Home: () Business: ()
Name	Position:
Street Address, City, State, Zip Code	E-mail: Phone: Home: () Business: ()
Name	Position:
Street Address, City, State, Zip Code	E-mail: Phone: Home: () Business: ()
Name	Position:
Street Address, City, State, Zip Code	E-mail: Phone: Home: () Business: ()

Do we have permission to contact the above named person(s)? _____ Yes _____ No _____ Initials

Do we have your permission to contact your current employer? _____ Yes _____ No _____ Initials

Education (If you have not yet graduated, please list degree and date anticipated)

	School/ Location	Major/Minor	Degree
High School Attended			
Colleges/ Universities			

Other Employment Experience

Dates	Employer	Address	Position	Extra Duties

Professional Involvement

Organization	Involvement (conferences, articles, leadership, position—please include dates)

Are you involved in any organization outside your profession? ____ Yes ____ No

If yes, have you held or do you hold any leadership position? ____ Yes ____ No

Military Service:

List dates, branch and nature of military service

Note: Please read and be aware of information below regarding unemployable offenses and rehabilitation criteria.

What are unemployable offenses? What does unemployable mean?

ORC 3319.39 says that no board of education of a school district, no governing board of an educational service center, and no governing authority of a chartered nonpublic school shall employ a person as a person responsible for the care, custody or control of a child if the person has previously been convicted of or pleaded guilty to any of the offenses listed, unless the person has been rehabilitated pursuant to rules adopted by the Ohio Department of Education.

What is rehabilitation criteria?

If an educator or applicant for initial licensure has been convicted of one of the below listed offenses that is not an absolute bar offense listed in ORC 3319.31(C), they have to prove that they are rehabilitated pursuant to OAC 3301-20-01 in order to obtain or retain a license.

CRIMINAL OFFENSES LISTED IN OHIO REVISED CODE 3319.39 (“UNEMPLOYABLE OFFENSES”)

Homicide and Assault

- 2903.01 Aggravated murder
- 2903.02 Murder
- 2903.03 Voluntary manslaughter
- 2903.04 Involuntary manslaughter
- 2903.11 Felonious assault
- 2903.12 Aggravated assault
- 2903.13 Assault
- 2903.16 Not providing for impaired person
- 2903.21 Aggravated menacing
- 2903.34 Patient abuse; neglect

Kidnapping and Extortion

- 2905.01 Kidnapping
- 2905.02 Abduction
- 2905.05 Criminal child enticement

Sex Offenses

- 2907.02 Rape
- 2907.03 Sexual battery
- 2907.04 Unlawful sexual conduct with a minor
- 2907.05 Gross sexual imposition
- 2907.06 Sexual imposition
- 2907.07 Importuning
- 2907.08 Voyeurism
- 2907.09 Public indecency
- 2907.21 Compelling prostitution
- 2907.22 Promoting prostitution
- 2907.23 Procuring
- 2907.25 Prostitution
- 2907.31 Disseminating matter harmful to a juvenile
- 2907.32 Pandering obscenity
- 2907.321 Pandering obscenity involving a minor
- 2907.322 Pandering sexually oriented matter involving a minor
- 2907.323 Illegal use of a minor in nudity-oriented material of performance

Robbery, Burglary, Trespassing & Safecracking

- 2911.01 Aggravated robbery
- 2911.02 Robbery
- 2911.11 Aggravated burglary
- 2911.12 Burglary

Crimes Against Family

- 2919.12 Unlawful abortion
- 2919.22 Endangering children
- 2919.24 Contributing to unruliness or delinquency of a child
- 2919.25 Domestic violence

Conspiracy, Attempt & Complicity; Weapons Control; Corrupt

- 2923.12 Carrying concealed weapons
- 2923.13 Having weapon while under disability
- 2923.161 Improperly discharging firearm at or in habitation; school related offenses

Drug Offenses

- 2925.02 Corrupting another with drugs
- 2925.03 Trafficking in drugs
- 2925.04 Illegal manufacture of drugs or cultivation of marijuana
- 2925.05 Funding of drug or marijuana trafficking
- 2925.06 Illegal administration or distribution of anabolic steroids
- 2925.11 Possession of drugs – any violation that is not a minor drug possession offense

Labeling of Hazardous Substances

- 3716.11 Placing harmful objects in food/confection

Former Criminal Statutes (pre 7/01/1996)

- 2905.04 Child stealing (before 7/01/1996)
- 2919.23 Interference of custody (if a violation of this statute would have been a violation of section 2905.04 as it existed prior to 7/01/1996 had the violation been committed prior to that date)
- 2907.12 Felonious sexual penetration (former section)

REFERENCE TO RC 3319.31

I have read the above information.

Signature

Date

QUESTION FOR APPLICANT

(1) Have you ever been subject to an investigation or a child abuse conducted by a Children's Services agency or a law enforcement agency? _____ YES _____ NO

If "YES", please give details below and indicate the results of the investigation:

Signature

Date

It is understood and agreed that Madison-Champaign Educational Service Center may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BFBI) for a background check and I hereby consent to such inquiries.

Signature

Date

I understand that if I am employed prior to the receipt of the verification of my work experience, my continued employment will be conditioned on satisfactory work experience as verified by contacts with former employers.

Signature

Date

I promise that the information contained in this application and in my resume is true and complete, and I understand that if it is not, I may be eliminated from consideration for this job. If, after being hired, falsehoods or omissions are discovered in my application or resume, I understand that my employment may be terminated. By affixing my signature, I agree to the condition listed on this application and will, if employed, immediately tender my resignation of employment should I fail to fulfill these conditions.

Signature

Date

I have the legal right to work in the United States and will submit the appropriate documentation upon the time of hire.

Signature

Date

I understand that my employment will be subject to the laws of the State of Ohio and to the job descriptions and policies adopted by the Madison-Champaign Educational Service Center Governing Board.

Signature

Date

NOTICE: Falsification on this application is grounds for not hiring or terminating employment.

READ CAREFULLY: Due to the length of time required for completion of the records check, it may occasionally be necessary to employ a person prior to the Madison-Champaign Educational Service Center having received the results of the criminal records investigation. By signing this document I specifically understand and agree that if I am employed by the Madison-Champaign Educational Service Center having received a criminal records check report which indicates that I do not qualify for employment the Governing Board will release me from employment, I specifically agree that the action of the Madison-Champaign Educational Service Center Governing Board employing me shall be void without any further act by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.

Date: _____ Signed: _____



Madison-Champaign Educational Service Center
Emergency Medical Authorization

Name: _____
(Last) (First)

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Personal Email: _____

Race: White/Caucasian, Black/African American, Hawaiian/Pacific Islander, American Indian/Alaskan Native, Asian, Other/Not Specified
Hispanic: yes / no

District/Building you work: _____

In case of illness or injury, please notify the following responsible person(s). Please provide three names and phone numbers.

Table with 3 columns: Name of responsible person, Relationship to you, Preferred phone number. Contains 3 empty rows for data entry.

In case of critical (emergency) situation, I DO hereby consent to be transported to the nearest medical facility.
Yes _____ No _____

In the event that the above person(s) can't be reached in an emergency situation, please transport to:

Name and address of preferred hospital _____ Phone number _____
AND notify the following doctor or dentist:

Name of doctor _____ Phone number _____

Name of dentist _____ Phone number _____

Facts concerning my medical history including allergies, medication being taken and any physical impairment to which a physician should be alerted are:

Other comments: _____

FOR ESC EMPLOYEES

I give my permission for the ESC to share my home address in the event of personal illness or death in my family with colleagues at the ESC and/or districts who would like to be able to send a card to my home address. (Circle one) Yes No

Employee Signature _____ Date _____

I give my consent to share this information with the district(s) I serve.

Employee Signature _____ Date _____



Madison Champaign Educational Service Center

Providing outstanding customer-based service

Dr. Daniel Kaffenbarger, Superintendent
Matthew Ketcham, Treasurer

ATTN: **Time Sheet Employees and Supervisors**

FROM: **Andrew Sanford, Payroll Benefit Specialist**

DATE: **2019-2020**

RE: **Cut-off Dates for Time Sheet submissions for Payroll.**

Happy 2019-2020 school year everyone!!! I trust that you had a wonderful summer break and now you are ready to get back to work. Attached you will find the procedures for the processing of your [time sheets for payroll](#).

- **ALL** time sheets are required to have the **employee's and supervisor's signature** on them, in order for it to be valid. If received without proper signatures the form will remain unprocessed.
- These are the established dates for submission of time sheets in order to be processed for that pay period. These are the **received by** dates. Employees/Subs should turn in timesheets before these dates so that Supervisors have enough time to process and submit to payroll.
- **No exceptions** will be made to these dates. Late timesheets are moved to the next pay period.
- **Make copies for your records**. If you have questions about the days/hours you were paid, please contact Payroll.
- Supervisors are required to **mark what budget unit and account** time is to be paid from.

Time Sheet Received By:	Paid on This 2019 Pay Date:
June 27	July 8
July 11	July 22
July 26	August 7
August 9	August 22
August 22	September 6
September 13	September 23
September 26	October 7
October 11	October 22
October 26	November 7
November 11	November 22
November 27	December 6
December 12	December 23



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Cut-off Dates for Time Sheet submissions for Payroll continued:

Time Sheet Received By:	Paid on This 2019 Pay Date:
December 26	January 7
January 13	January 22
January 28	February 7
February 12	February 21
February 26	March 6
March 12	March 23
March 27	April 7
April 13	April 22
April 27	May 7
May 13	May 22
May 27	June 8
June 11	June 22

If you have any questions, please feel free to contact me.

Thank you and have a great 2019-2020 school year.

Andrew Sanford
Payroll-Benefit Specialist
Fiscal Department
937.484.1557 ext. #112 - phone line
937.652.2221 fax line
andrew.sanford@mccesc.org

2019-2020 SUBSTITUTE RATES

Substitute Teacher \$100.00 daily

Substitute Teacher Long Term (after 20 conseq. Days) \$130.00 daily

Substitute Aide \$11.00 hourly

Substitute Nurse- \$21.00 hourly

Substitute Sign Language Interpreter (ASL or SEE)- 19.38 hourly