

# TRI-COUNTY SCHOOLS SUBSTITUTE HEALTH SERVICE PROVIDER CONTRACT (NEW)

Name:

Date:

E-mail:

Address:

Phone No.:

Alt. Phone No.:

Emergency Contact:

Phone No.:

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**Highest Level of Education Completed:**    Master's    Bachelor's    Associate    High School  
Other:

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**Current License Number:**

STNA

LPN

RN

Public Service  
School Registration

Pupil Service School  
Nurse License

**Issue Date:**

**Expiration Date:**

**Employer**

**Address**

**Phone No.**

**Assignment**

**From**

**To**

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***Employment Preferences*** (applicant may change these by calling or emailing the substitute coordinator):

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**Check all school district(s) in which you would like to substitute.**

**Ashland County:**

Ashland City Schools

☐

Ashland County Board of DD (Dale Roy)

Heartland Technical

Hillsdale Local

☐

Loudonville-Perrysville EVS

Education Center

**Wayne County:**

Beacon Hill Comm. School

Chippewa Local

Northwestern Local

Norwayne Local

Orrville City Schools

Rittman EVS

Waynedale Local

Wayne County Board of DD

Wooster Montessori School

**OR** I only want to serve  
the following school  
building(s):

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I am willing to substitute ½ day if needed.

Days of the week or time periods

I am not available:

(over)

# CONTRACT FOR EMPLOYMENT AS A HEALTH SERVICE PROVIDER ON A SUBSTITUTE, TEMPORARY, OR CASUAL BASIS UNDER PROVISIONS OF RC 3319.10

The **Ashland City Schools, Ashland Co. Board of DD (Dale Roy), Beacon Hill, Chippewa Local, Heartland Technical Education Center, Hillsdale Local, Loudonville-Perrysville Exempt. Village, Northwestern Local, Norwayne Local, Orrville City, Rittman Exempt. Village, Wayne Co. Board of DD, Waynedale Local, Wooster Montessori, the Tri-County Educational Service Center ("The Board of Education")** and the undersigned ("**Substitute**") agree to this contract to employ said substitute health service provider on a substitute, temporary or casual day-to-day basis for assignment as services are needed to take the place of regular staff during the **current school year**.

1. The substitute Health Service Provider agrees to work upon request of the Local Superintendent/designee, hours or days as needed and as schedule by the Local Superintendent/designee. It is expressly understood that the Board of Education does not guarantee any minimum number of work hours or work days, for the substitute HSP. The work hours or work days of the employee may be increased, decreased, or made unnecessary, as determined by the Local Superintendent/designee. It is further understood that health service providers employed as substitutes on a casual day-to-day basis are not entitled to the notice of non-renewal ordinarily required for limited contracts under RC 3319.11
2. For work performed as requested and as authorized by the Local Superintendent/designee, the Board of Education shall pay the employee the rate(s) it has adopted. Any period of time less than one half day is normally considered one half day for pay purposes. The employee shall not be entitled to Board paid insurance, paid leave days, or any other fringe benefit accorded to regular staff.
3. It is understood that this contract is renewable from year to year upon the proper submission of a valid STNA/ LPN/RN/Pupil Service School Nurse Registration/Pupil Service School Nurse License, current background check, and a current contract.
4. Valid for the **2026-2027** school year.

"I understand and affirm that my electronic signature is the valid, legal equivalent of my handwritten signature, and that I am bound by my electronic signature in the same manner as my manual signature.



Employee Signature

\_\_\_\_\_  
President, Tri-County Educational Service Center

Date

\_\_\_\_\_  
Treasurer, Tri-County Educational Service Center

**READ CAREFULLY and SIGN**

All applications for employment are subject to a criminal records check through the Bureau of Criminal Identification and Investigation and Federal Bureau of Investigation pursuant to the authority of Section 3319.39 and Section 109.572 Revised Code.

**ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.**

"I understand and affirm that my electronic signature is the valid, legal equivalent of my handwritten signature, and that I am bound by my electronic signature in the same manner as my manual signature."



Employee Signature

Date

For Office Use Only:

- |                                                             |                                                     |
|-------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Signed Contract                    | <input type="checkbox"/> Copy of SSC                |
| <input type="checkbox"/> License (STNA, LPN, RN, PSSN, PSR) | <input type="checkbox"/> BCI Background Check       |
| <input type="checkbox"/> I9 Form                            | <input type="checkbox"/> FBI Background Check       |
| <input type="checkbox"/> I9 Documents                       | <input type="checkbox"/> Fraud Training Certificate |