



ATHENS-MEIGS EDUCATIONAL SERVICE CENTER

21 Birge Drive
 Chauncey, Ohio 45719
 740-797-0064
 www.athensmeigs.com

Substitute Aide/ Service Contract

1	Today's Date: →	
2	Your Name: →	
3	Service Provided:	_____ Substitute Educational Aide _____ Other Hourly Substitute
	Name of person for whom you substituted (first & last required) →	

Day	Date	Time In	Lunch Out	Lunch In	Time Out	Total Hours Worked
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Total Hours for the Week						

This agreement is entered into on the date shown in Item 1 between the individual in Item 2 hereinafter referred to as the Consultant/Participant and the Athens-Meigs Educational Service Center (ESC). In return for the payment to the Consultant/Participant for the dates listed in the table, the Consultant/Participant agrees to provide the service(s) listed in Item 3.

 Your Name Printed

 Supervisor's Signature

 Your Signature

 Treasurer's Signature

 Your Street Address

 Superintendent's Signature

 City, State, and Zip Code

Acceptance of this contract/agreement is evidence of your intent to comply with the rules and regulations adopted by the Athens-Meigs ESC Governing Board and any and all applicable state laws. Acceptance of this contract/agreement of authorization is evidence of your intent to comply with Title VI-VII of the 1964 Civil Rights Act and Section 504 of the Rehabilitation Act which prohibits discrimination because of RACE, COLOR, NATIONAL ORIGIN, HANDICAP (AGE, SEX, and/or RELIGION where applicable) in any facet of your operation where such discrimination is a bona fide, a documented business necessity.