

Substitute Election and Agreement

ID _____

Substitute Name _____

I elect the following option as it pertains to substituting for the Jackson County School District during the **2024-2025** academic year:

() Work **9 days** or less each pay period

Penalty for going over the 9 days per pay period could result in the substitute having to take off up to two consecutive pay periods. Substitute is responsible with keeping up with days worked in each pay period.

() I am exempt due to being a PERS Retiree

****Retiree is **RESPONSIBLE for keeping up with and NOT GOING OVER** either Option A (# of days OR # of hours and SALARY amount) or Option B (Salary Amount) on PERS Form 4B you fill out every year with HR.

Failure to follow my above election could result in me being removed from the sub list and possible adverse consequences from PERS. Working 4 pay periods and taking the 5th off is only allowed for Board approved long term subs.

Substitute Signature _____

Date _____

Please email signed forms to Elizabeth Ketnor. Please do not duplicate with paper copy.