



LYNCHBURG-CLAY

LOCAL SCHOOL DISTRICT

301 E. Pearl Street, PO Box 515
Lynchburg, OH 45142
Phone: 937.364.2338
www.lclsd.org

Lynchburg-Clay LSD Continuing Contract Declaration Form

Today's Date _____

Year Continuing Contract Requested _____

Print Name _____

Signature _____

Teaching Assignment _____

This form is to declare my request for consideration for a Continuing Contract with the Lynchburg-Clay LSD Local Schools. My understanding is that I have met the requirements for Continuing status as a teacher in Ohio under ORC 3319.08. The factors that I base my request upon are as follows:

1. Quality of License or certificate:

- a. I hold a professional, permanent, or life certificate;
- b. I hold a professional educator license **AND**
 - i. if a Master's Degree was held at the time of initially receiving a license or certificate, or
 - ii. if no Master's Degree was held at the time of initial licensing or of receiving a certificate, I have 30 semester hours in the area of licensure

2. Length of Service:

- a. I have taught within the district for at least 3 of the last 5 years, **OR**
- b. I held a Continuing status at another district and have taught within the district for at least 2 years.

This form is due to the BOE office by November 1 each year. Failure to be approved for continuing contract after applying may result in a one year contract being issued per ORC.