<b>ADDENDUM</b>	NUMBER	1
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\*Salary increase due to Personal Care Certified to be effective 09/28/2021. Range 19/Step21

Given on this 29 <sup>th</sup> day of September, 2021.	
Party of the Second Part (Employee)	President of the School Board
Address (Party of the Second Part)	Secretary of the School Board

Note: The above form may be used to change the salary of a person after the original contract has been signed. This form will be completed, to include the name of employee (Party of the Second Part) and salary, and the president and secretary of the board to sign the original, after which the employee will sign all copies. Signed Addendum will be attached to all originals. On the original copy of the contract under "Other Conditions of Employment", the words "See Addendum Number <u>1</u>" should be entered.