

College:	Total Years of Experience:
Certification Based on:	Years of Experience This District:
Social Security Number: <b>XXX-XX-</b>	Check Location:

# TEACHER'S CONTRACT

YEAR: **2018-2019**

STATE OF ARKANSAS COUNTY OF **Mississippi**

**PARTIES:** The Blytheville School District, Party of the First Part, and **NAME** Party of the Second Part, agree as follows:

**EMPLOYMENT:** The Party of the First Part by a majority vote of the School Board present at a legally held meeting on **DATE** agrees to employ **NAME** Party of the Second Part, as provided herein:

**SERVICE:** Party of the Second Part agrees to perform services as follows: **JOB TITLE**  
Additional Duty:

These services will be rendered in accordance with the policies set forth by the Party of the First Part. Compensation has been included in the total contract amount for all of the above services. Any change in services may result in a reduction of or an addition to the total compensation under this contract.

**TIME:** The period of time covered by this contract is **xxx** days, from **July 1, 2018** through **June 30, 2019**.

**COMPENSATION:** Total compensation under this contract is \$ to be paid in **24** installments. Rate of compensation will be as follows: \$

Furthermore, the Party of the First Part is authorized to make legally required deductions from the compensation herein stated. Manual calculations of the above stated compensation may vary by cents. In this event the amount stated above shall govern.

**BOARD POLICIES:** The personnel policies of each school district in effect at the time a teacher's contract is entered into or renewed shall be considered to be incorporated as terms of said contract and shall be binding upon both parties unless changed by mutual consent (Act 224 of 1983). The parties shall follow the **Blytheville** School District Personnel Policies, which are made a part hereof by reference.

**CERTIFICATION:** The Party of the Second Part certifies that, at the date of this contract, he or she is not under employment contract with another school district.

**REFUND OF UNEARNED COMPENSATION:** The Party of the Second Part agrees to refund the Party of the First Part any compensation received for which no services were rendered.

**TERMINATION:** This contract may be terminated by either party pursuant to law.

**OTHER CONDITIONS:** Any subsequent contracts shall supersede the provisions of this contract. Party of the Second Part agrees to perform duties as assigned by supervisor.

Given on **DATE**

BY: \_\_\_\_\_

BY: \_\_\_\_\_  
Board President

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

BY: \_\_\_\_\_  
Board Secretary