

NAME: _____

Salary Schedule Code: _____

SCHOOL EMPLOYEE CONTRACT

YEAR: 2015-2016

STATE OF ARKANSAS COUNTY OF **GRANT****PARTIES:** The **Sheridan** School District, Party of the First Part, and _____ Party of the Second Part, agree as follows:**EMPLOYMENT:** The Party of the First Part by a majority vote of the Board of Education at a legally held meeting on _____ agrees to employ _____ Party of the Second Part, as provided herein:**SERVICE:** Party of the Second Part agrees to perform services as follows: _____
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 _____ days, from _____ through _____.**COMPENSATION:** Total compensation under this contract is \$ _____ to be paid in _____ 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 Parties in this contract agree to comply with all policies established by the Board of Education.**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 _____

BY: _____
NameBY: _____
Board President_____
Address_____
PhoneBY: _____
Board Secretary