

WASHINGTON COUNTY SCHOOL DISTRICT AT-WILL -- OFFER OF EMPLOYMENT

T E M P O R A R Y O F F E R	Temporary Employment – Additional Temporary Work Agreement					
	This offer issued to:			<input type="checkbox"/> Classified Applicant <input type="checkbox"/> Certified Applicant		
	1. Name (Last, First, Middle)		2. Social Security Number		3. Effective Date	
	If you accept, this employment offer is temporary and it will automatically terminate on:					4. Not-to-Exceed Date:
	5. Location Code:		Location:			
	6. Title (Position)					
	7. You will be paid: <input type="checkbox"/> Monthly over _____ Months (remaining months in school year) <input type="checkbox"/> Lump Sum (one payment at end of agreement) <input type="checkbox"/> By Time Card Not-to-Exceed _____ Total Hours					
	8. Maximum Service Hours:		9. Career Ladder Days Remaining:		10. Reason for Temporary Employment: To support the _____ school year. This position is subject to student enrollment and/or individual needs of the school/program.	
	11. Maximum Service Days: _		12. Days Remaining in _____ year :			
	13. Lane:		14. Step:	15. Annual Salary Rate:		16. Hourly Salary Rate:
18. Funding Source:						
19. Remarks						
Approved by Superintendent or Designee:					Date:	

Conditions of Employment:

This offer is contingent upon your agreement to the following. **Do not sign this agreement** if you do not fully understand these conditions:

1. This offer of employment is based on the information provided by you, the applicant
2. This offer of employment is conditional upon successfully passing a background check and approval of the Washington County Board of Education.
3. If you have a basic contract with the Washington County School District this agreement will not alter your basic agreement in any way. To be valid this agreement must not conflict with your current basic contract.
4. This is a temporary agreement and as such the assigned hours, days and duration of the employment may change or conclude at any time. This agreement will end on the not-to-exceed date, identified in block 4 of the offer.
5. This agreement may be terminated at any time at the sole discretion of the Washington County School District.
6. Normally there are no benefits (e.g. retirement, health insurance or life insurance) assigned with this agreement. Employees who are contracted to work 20 hours or more per week for at least 720 hours in a year will be eligible for insurance benefits prorated, for the portion of the day worked.
7. If you would like to be considered for re-employment at the end of this agreement you must reapply or be re-appointed. Given the fact that some temporary employees have worked for the District in prior years, there must be a clear understanding that there is no associated expectation for continued employment with this offer.

A C C E P T A N C E	Please Check:	
	<input type="checkbox"/> 1. I hereby accept your offer of Temporary Conditional Employment and fully understand all the limitations listed above.	
	<input type="checkbox"/> 2. I do not want to have my address and phone number published in the District Directory. (If you do not check this block we will add your address to the District Directory.)	
	<input type="checkbox"/> 3. I am declining. Please Remove my name from further consideration for employment with your district. REASON:	
Signature:		Date:
Address:		Phone:
Emergency Contact Address:		Phone: