



Certificated Management Employee Terms of Employment: Summer School Program

Last Name:		First Name:	
Social Security Number:		Work Location:	
Position Title:			
Full Summer Session <input type="checkbox"/>		Partial Summer Session <input type="checkbox"/>	
Rate of Pay:	<input type="checkbox"/> Hourly \$ _____	<input type="checkbox"/> Daily \$ _____	

CONDITIONS OF EMPLOYMENT

I understand that as a Summer School Administrator for the _____ (school year) Summer School Program, I am required to fulfill my employment obligations, for the duration of the agreed upon time period, in its entirety.

I also understand that failure to comply with this employment commitment may negatively impact future Summer School Administrator appointments.

Employee Signature

Date

cc: Summer School Office
Personnel File