**APPENDIX E**

**APPENDIX B SUPPLEMENTAL ASSIGNMENT AGREEMENT**

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| --- |
| This Appendix B Supplemental Assignment Agreement, hereinafter called “agreement” for the supplementary |
|  |
| assignment(s) listed below has been made on  |  | between |  |
|  | Today’s Date |  | Print First and Last Name (No Nicknames Please!) |
| hereinafter called “employee” and the Southfield Public Schools Board of Education in Southfield, Michigan. |
|  |  |
| Employee agrees to be assigned at |  |
|  | School Name |
| for the 20 **17**  to 20 **18** school year in the supplementary assignment(s) of: |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Supplementary Assignment |  | Supplementary Pay |  | Account # |  | Season Start/End Dates |  | ACTUAL START DATE |
|  |  |  |  | (write “year round” if applicable) |  |
| 1. |   |  |  |  |   |  |  |  |  |
| 2. |   |  |   |  |   |  |   |  |   |
| 3. |   |  |   |  |   |  |   |  |   |
| 4. |   |  |   |  |   |  |   |  |   |
| 5. |   |  |   |  |   |  |   |  |   |

***\*Areas of the agreement which are left blank will be returned to the appropriate Administrator for completion before processing will begin.\****

This/these assignment(s) is/are in addition to and outside of the duties of regular contract of employment. Provisions of the Tenure Act, Act 4 of the Michigan Public Acts of 1937, as amended, does not apply to supplemental assignments. Therefore, this shall not constitute a tenure payment or a tenure assignment.

This agreement is subject to the functioning of the activity or assignment. In the event the activity or assignment is canceled prior to commencement, this agreement shall be null and void. If the activity or assignment is terminated after commencement, but prior to completion, the supplemental pay amount shall be prorated. Otherwise, employee shall be paid for this/these supplementary assignment(s) in the supplemental pay amounts listed above. Final payment for services rendered will be made when the supplementary assignment(s) has/have been completed. This agreement is subject to the satisfactory performance of the supplementary assignment(s), and performance shall be in compliance with the rules, regulations, policies, and procedures of the Board of Education.

All details of this Agreement are contingent upon passing a criminal background check, drug screen, and verification of previous employment where applicable.Employee IS NOT permitted to begin without proper approval from Human Resources and this agreement is not enforceable without all requested signatures below.

By signing below, the employee accepts the supplementary assignment(s) and pay amount(s) as listed above and agrees to the terms and conditions established by the Board of Education.

In witness thereof, the parties hereto have executed this Agreement the day and year first written above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Employee’s Signature |  | Date |  | District ID# |
|  |  |  |  | (Please write “**New Hire**” if District ID has not been issued) |
| Principal/Building Administrator/Athletic Director’s Signature |  | Date |  |  |
|  |  |  |  |  |
| Supt./Assoc. Supt for HR/Designee’s Signature |  | Date |  |  |