**APPENDIX E**

**APPENDIX B SUPPLEMENTAL SALARY CONTRACT**

This supplementary assignment(s) is made the **\_\_\_\_\_\_\_** day of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, 20**\_\_\_**, between the Board of Education of the Southfield Public Schools, Southfield, Michigan, and **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, hereinafter called employee.

(Print Name)

Said employee agrees to be assigned to 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. |  |  |  |  |  |  |  |  |  |

In the **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** school for the school year 20**\_\_\_** to 20**\_\_\_**. This/These assignment(s) is/are in addition to and beyond the duties of your regular contract of employment. You shall be paid for this/these supplementary assignment(s) the total sum of **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_** and 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 shall be prorated. Final payment for services rendered will be made when the supplementary assignment(s) has 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. Provisions of the Tenure Act, Act 4 of the Michigan Public Acts of 1937, as amended, does not apply to supplemental assignments.

All details of this employment contract are contingent upon passing a criminal background check, drug screen, and verification of previous employment where applicable.

I accept the above supplementary assignment(s) and pay as stated, and agree 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’s Signature |  | Date |  |  |
|  |  |  |  |  |
| Superintendent or Delegate’s Signature |  | Date |  |  |