

Oneida Special School District

Academic Extended Contract Memorandum of Understanding



Teacher: _____ School: _____

Hire Date: _____ Position: _____

Semester: ___ Fall ___ Spring # of Hours Allotted: _____

Note: The # of hours allotted for the position may NOT be surpassed without written permission from the Director of Schools.

Base Pay: \$ _____

Years of Experience: _____ x 2% base

Required Documentation:
___ Time Log
___ Student Sign-In Sheet(s)
___ Student Count Sheet

Checks will be direct deposited into your account within 30 days of the conclusion of your program for those ending 1st semester, and by June 30 for programs ending 2nd semester.

Acknowledgements

I, (teacher), understand and agree to this MOU, including the rate at which I will be compensated, what is required of me in order to be compensated, and the timeframe in which I can expect to receive that compensation.

Teacher: _____ Date: _____

I, (principal), agree to provide the Finance Department with all necessary documentation (schedules, etc.) in order to ensure that supplements are issued in an accurate and effective manner.

Principal: _____ Date: _____