

GARRETT COUNTY PUBLIC SCHOOLS Temporary Employment Agreement

SECTION 1: To be completed by initiating program coordinator/supervisor or school-based administrator				
Name: Distribution Number:				
Current System Position (if applicable):	(if applicable): Current Location (if applicable):			
You are hereby assigned as	in t	in the		
Your compensation will be the following:				
\$ per hour AND	_ hours per day AND	days per week Al	ND not to exceed \$	
The terms of this agreement will extend t	rom	to	, and shall	
automatically terminate and expire on				
SECTION 2: To be completed by applicant				
Do you currently hold or have you held another temporary position during this school year?				
If so, position?				
My signature signifies my voluntarily acceptance of the aforementioned position, including the terms and conditions named in Section 1 of this document and all other applicable Garrett County Public School policies, procedures, and practices established by the Board of Education of Garrett County and/or school system administration. I understand that this agreement is not valid until signed by the appropriate administrators and filed with a designated program office of the Garrett County Public Schools.				
I acknowledge that I have no expectation of continued or future employment, as it relates to this position or any other, with the Garrett County Public Schools. Further, I understand that either party may terminate this agreement at any time, with or without a stated reason, by providing written notification, including an effective date. Signature Date				
4 Digit Employee ID No.	Telephone (cell and/o	r home)	Email	
		n nome)	Eman	
SECTION 3: To be completed by appropriate administrators				
Date		Program Coordinator (as appropriate)		
Date		Principal (as appropriate)		
Date		Supervisor (as appropriate)		
Date		Director (as appropriate)		
Date		Director of Human Resources		