



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): _____ Current Location (if applicable): _____

You are hereby assigned as _____ in the _____ Program.

Your compensation will be the following:

\$ _____ per hour **AND** _____ hours per day **AND** _____ days per week **AND** not to exceed \$ _____

The terms of this agreement will extend from _____ 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? _____ Location? _____ When? _____

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/or home) Email

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