

**PROBATIONARY PROFESSIONAL STAFF MEMBERS NOT COVERED BY THE TENURE ACT
(Act 4, Public Acts of 1937 extra session, as amended)
CONTRACT OF EMPLOYMENT**

This Agreement, made this day, **(Date)**, between the **(School District/ISD)** hereinafter called the District, and **(Employee)** hereinafter called the Employee. For the school year, **(Year-Year)**.

WITNESSETH:

1. **CERTIFICATION** - It is represented that said Employee holds all certificates and other qualifications required by law to work in said District and hereby contracts to be employed by said District in the capacity hereinafter designated, for the Contract period hereinafter set forth.
2. **EMPLOYMENT AND DUTIES** - Said Employee agrees to perform the duties assigned and to obey and fulfill the rules and regulations as established by the Board of Education of the District and to carry out its programs and policies during the entire term of this Contract. The Employee is subject to assignment and transfer at the discretion of the Superintendent of the District or the Board of Education..
3. **TENURE ACT** - It is understood that the position hereinafter contracted is not subject to the Tenure Act and that all service in this capacity is exempt from tenure.
4. **COMPENSATION** - The District agrees to pay a basic annual salary to the designated Employee in installments in the amount and term of months designated below. The District shall be authorized to make such payroll deductions as shall be required by law or authorized by the Employee.
5. **The Provisions** of this Contract are subject to the terms and conditions to be determined in the Master Agreement, if developed, between the (School District/ISD) Professional Association and the (School District/ISD) Board of Education.
6. **CONTRACT AND FINANCIAL INFORMATION:**

Length of Contract	(# of Days)	Starting Date	(Date)	Termination Date	(Date)
Base Annual Salary	\$ _____	Longevity %	(Percent)	TOTAL SALARY	\$ _____

Said sum (total salary) shall be paid in equal installments, the first payment to be made about (Date) with subsequent payments to be made **EVERY ALTERNATE FRIDAY FOR 26 PAYS.**

The district’s obligation for salary and fringe benefits terminate in the event of layoff.

IN WITNESS WHEREOF the parties hereto have set hereunto their hands and seals this day and year above written.

Professional Employee’s Signature

Superintendent’s Signature

Print or Type Name

Print or Type Name

Please sign and return. A copy will be returned to you.