CONTRACT 2026-2027 SCHOOL YEAR
TITLE I
EDUCATIONAL ASSISTANT

I, _____ _____, AGREE TO FOLLOW THE TERMS LISTED BELOW TO FULFILL MY OBLIGATIONS AS A TITLE I EDUCATIONAL ASSISTANT FOR THE 2026-2027 SCHOOL YEAR FOR THE CAMPBELL COUNTY BOARD OF EDUCATION.

- I AGREE TO:
  WORK (NOT EXCEEDING) SEVEN (7) HOURS PER DAY ON MY ASSIGNED DAYS; TO WORK NO MORE THAN TWENTY-ONE (28) HOURS PER WEEK; AND TO WORK NO MORE THAN FOUR (4) DAYS PER WEEK, UNLESS PRIOR PERMISSION HAS BEEN OBTAINED FROM CENTRAL OFFICE.

- I AGREE TO:
  WORK 1071 HOURS BASED ON THE SCHOOL CALENDAR FOR THE 2026-2027 SCHOOL YEAR AND THE AVAILABILITY OF SCHOOL DAYS BASED ON ANY REVISION OF SAID CALENDAR. I FULLY UNDERSTAND CIRCUMSTANCES DUE TO SCHOOL CLOSING, ETC., MAY NOT ALLOW FOR WORKING THE FULL 1071 HOURS.

  I FULLY UNDERSTAND HOURS NOT WORKED DUE TO MY PERSONAL CHOICE WILL BE ALLOWED TO BE MADE UP ONLY IF THE SCHOOL CALENDAR AND SCHEDULE ALLOWS TIME FOR THESE HOURS TO BE WORKED WHEN STUDENTS ARE IN ATTENDANCE.

- I AGREE TO:
  WORK ONLY WHEN STUDENTS ARE IN ATTENDANCE, UNLESS PRIOR PERMISSION HAS BEEN OBTAINED FROM CENTRAL OFFICE.

- I AGREE TO:
  FOLLOW THE JOB DESCRIPTION GIVEN TO ME INCLUSIVELY.

I FULLY UNDERSTAND MY RESPONSIBILITIES TO MY IMMEDIATE, BUILDING LEVEL AND COUNTY-WIDE SUPERVISOR.

_____ _____

SIGNED DATE

CONTRACT 2026-2027 SCHOOL YEAR
TITLE I
EDUCATIONAL ASSISTANT

I, _____ _____, AGREE TO FOLLOW THE TERMS LISTED BELOW TO FULFILL MY OBLIGATIONS AS A TITLE I EDUCATIONAL ASSISTANT FOR THE 2026-2027 SCHOOL YEAR FOR THE CAMPBELL COUNTY BOARD OF EDUCATION.

- I AGREE TO:
  WORK (NOT EXCEEDING) SEVEN (7) HOURS PER DAY ON MY ASSIGNED DAYS; TO WORK NO MORE THAN THIRTY-FIVE (35) HOURS PER WEEK; AND TO WORK NO MORE THAN FIVE (5) DAYS PER WEEK, UNLESS PRIOR PERMISSION HAS BEEN OBTAINED FROM CENTRAL OFFICE.

- I AGREE TO:
  WORK 1372 HOURS BASED ON THE SCHOOL CALENDAR FOR THE 2026-2027 SCHOOL YEAR AND THE AVAILABILITY OF SCHOOL DAYS BASED ON ANY REVISION OF SAID CALENDAR. I FULLY UNDERSTAND CIRCUMSTANCES DUE TO SCHOOL CLOSING, ETC., MAY NOT ALLOW FOR WORKING THE FULL 1372 HOURS.

  I FULLY UNDERSTAND HOURS NOT WORKED DUE TO MY PERSONAL CHOICE WILL BE ALLOWED TO BE MADE UP ONLY IF THE SCHOOL CALENDAR AND SCHEDULE ALLOWS TIME FOR THESE HOURS TO BE WORKED WHEN STUDENTS ARE IN ATTENDANCE.

- I AGREE TO:
  WORK ONLY WHEN STUDENTS ARE IN ATTENDANCE, UNLESS PRIOR PERMISSION HAS BEEN OBTAINED FROM CENTRAL OFFICE.

- I AGREE TO:
  FOLLOW THE JOB DESCRIPTION GIVEN TO ME INCLUSIVELY.

I FULLY UNDERSTAND MY RESPONSIBILITIES TO MY IMMEDIATE, BUILDING LEVEL AND COUNTY-WIDE SUPERVISOR.

_____ _____

SIGNED DATE

CAMPBELL COUNTY BOARD OF EDUCATION
STATEMENT OF CONFIDENTIALITY
2026-2027

As an Educational Assistant and an employee of the Campbell County Board of Education and _____ school, I understand that some of my work will involve access to information and conversations that are considered confidential.

I acknowledge my responsibility to respect the confidentiality of students, staff, school information, school records, to follow procedures in order to protect privacy, and to act in a professional and confidential manner, both in/to the public and over the telephone.

I further understand that if I am found acting indiscreetly with confidential materials or not protecting privacy of a student, staff or others through my actions, I will be dismissed from my job immediately. I understand this action to be necessary in order to maintain high professional standards of the school district and integrity of the school.

_____ _____

Signature of Employee Date