Educational Support Personnel

Exhibit - Notice of Employment

On District letterhead

To _____ Date _____

Please accept this letter as an acknowledgment that you are employed with the School District under the terms and conditions as stated in this letter, Board policy, and any applicable employee handbook and/or collective bargaining agreement. To acknowledge these conditions, sign below and return this letter to the central administrative office.

Job position or title _____

Date and time on which you are to report to work _____

Job location _____

Hours per day _____ Days per week _____

Your hourly rate is $ _____

The remaining terms and conditions of your employment, as well as any employment benefits, are contained in Board policy and any applicable employee handbook and/or collective bargaining agreement. These items will be discussed during your orientation.

_____ _____

Board President or Secretary Date

_____ _____

Superintendent Date

For successful candidate/employee (*Sign and return to the central administrative office*.)

I understand that I am an employee-at-will and that my employment may be terminated at anytime with or without cause, subject to the terms and conditions of any applicable policy, employee handbook and/or collective bargaining agreement. I agree to comply with the Board's policies, the District's administrative procedures, and supervisors' instructions.

_____ _____

Employee Date

September 2026