

NON-LICENSED ADMINISTRATIVE CONTRACT  
ST. VRAIN VALLEY SCHOOL DISTRICT RE-1J  
395 South Pratt Parkway, Longmont, Colorado 80501

Name: \_\_\_\_\_ Date of Contract: \_\_\_\_\_

SS#: \_\_\_\_\_ Employment -No. of Days: \_\_\_\_\_

POSITION: \_\_\_\_\_ Dates: \_\_\_\_\_

You are hereby notified that you have been appointed to the non-licensed administrative position as indicated above. You will work under the supervision of the District Superintendent with your duties continuously subject to review and reassignment by the Superintendent. Your specific duties shall be consistent with the Policies and Procedures as adopted by the District Board of Education.

**In accepting this Contract, you agree to the following terms:**

1. To file this Contract within fifteen days of the date of Contract.
2. To file with the Department of Human Resources within 60 days, an up-to-date set of credentials from an approved college or responsible employment office, and a complete transcript of college credits earned.
3. To file with the Department of Human Resources an Oath of Allegiance, as required by law.
4. To abide by the rules and regulations of the Board as set forth in the policies and procedures of the District.
5. All Policies and Procedures of the Board in force at the time this Contract is executed shall be binding for the duration of this Contract.
6. Upon the Superintendent's recommendation, this contract may be terminated by the Board for good cause. Upon request, the Administrator shall have the right to a hearing, before the Board, on the Superintendent's recommendation.
7. Over or Underpayments. The parties acknowledge that, on occasion, the District may overpay or underpay the Administrator the compensation which is due the Administrator. If the District or the Administrator becomes aware of an apparent overpayment or underpayment, the other party shall be given immediate written notification of such fact. Within 30 days of the District's receipt of written notification from the Administrator that the Administrator has been underpaid, the District shall pay the Administrator the amount owing to the Administrator along with interest at the rate of 5% per annum from the date or dates on which such underpayment occurred. Within 30 days of the Administrator's receipt of written notification from the District that the District has overpaid the Administrator, the Administrator shall repay the amount owing to the District. If the Administrator fails to repay the District, the District shall have the right to withhold the amount due the District from any monies which the District owes the Administrator. In no event shall any claims by the Administrator or District for overpayment or underpayment be recognized more than 24 months after the date on which such overpayment or underpayment occurred.

The Administrator agrees to pay damages to the District and the District agrees to collect or withhold damages from compensation due or payable to the Administrator, with such damages being assessed against the Administrator from the salary of the Administrator if the Administrator abandons, breaches or otherwise refuses to perform services pursuant to the Contract, unless the Administrator has given notice on or before the first day of July that the Administrator will not fulfil the obligations of this Contract during the succeeding academic year, or after the beginning of the academic year unless the Administrator has given at least 30 days written notice to the Board to the effect that the Administrator wishes to be relieved of this Contract for the remainder of the year as of a certain date, and providing further that such damages shall not exceed ordinary and necessary expenses of the Board to secure the services of a suitable replacement for the Administrator.

Payment under this Contract is subject to the fulfilment of the above provisions. Payment as indicated below will be made in twelve (12) equal monthly installments on the last Contract day of each calendar month.

ST. VRAIN VALLEY SCHOOL DISTRICT RE-1J

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Board Secretary

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

CONTRACT SALARY \_\_\_\_\_

EXPENSE ALLOWANCE \_\_\_\_\_

**Please Return One Signed Copy to the Department of Human Resources**

**Revised August 8, 2007**