

MEMO

TO: WOODFORD COUNTY BOARD OF EDUCATION
FROM: DANNY ADKINS, SUPERINTENDENT
RE: NOTIFICATION OF PERSONNEL MATTERS
July 20, 2023 BOARD MEETING

I am presenting the following Personnel Matters for your notification and placement of such in Board Minutes:

Employment

Emily Mullins|Southside|Instructional Assistant (7 hrs)|effective 8/8/2023
Mason Cole Anderson|Simmons|Sub ETC Monitor|effective 6/16/23
Sarah Katherine|Southside|Instructional Assistant w/ Degree|effective 8/8/23
Olivia Thurman|Simmons|3rd Grade Teacher|effective 8/7/23
Tyler "Jesi" Osborne|WCHS|Student Maintenance/Custodian|effective 6/20/23
RayJana Howard|Southside|Sub ETC Monitor|effective 6/22/23
Adam Swingle|WCHS|Head Cross Country Coach|effective 7/2/23
John Muenks|WCHS|Special Education (LBD)|effective 8/7/23
Darren A. Wallace|Huntertown|4th grade Teacher|effective 8/7/23
Jacob A. Christian|Southside|Attendance Data Tech/IC Clerk|effective 7/24/23
Leah N. Hamilton|Huntertown|3rd Grade Teacher|effective 8/7/23
Sabrina A. Mouser|WCHS|Special Education Teacher (LBD)|effective 8/7/23
Andria L. Mullinax|Southside|5th Grade Teacher|effective 8/7/23
Emily K. Vance|Simmons|3rd Grade Teacher|effective 8/7/23
Hannah Bennett Mulhall|Northside|Primary Teacher|effective 8/7/23
Elizabeth Perry|Northside|.5 Gifted Stipend| effective 8/7/23
Yvonne Jointer|WCHS|School Secretary (3.5 hrs)/ Instructional Assistant (3.5 hrs)| effective 8/7/23
Gene Kirk|WCHS|Assistant Athletic Director| effective 8/7/23
Virginia A. Crabtree|WCHS|Engineering Teacher| effective 8/7/23
Edward "Butch" Jointer|WCHS|PE/Health Teacher| effective 8/7/23
Ora Branham-Ratliff|Northside|3rd Grade Teacher| effective 8/7/23
Kaylynne Phillips|Northside|5th Grade Teacher| effective 8/7/23
Ashton Woody|Southside|Intermediate Teacher|effective 8/7/23
Andrew Herrmann|Northside|Primary Teacher|effective 8/7/23
Kerrie Hudson|WCHS|Special Education Teacher (LBD)|effective 8/7/23

Melanie Wilson|WCMS|Language Arts Teacher|effective 8/7/23
Brittany N. Washington|WCHS|Cook/Baker|effective 8/8/23
Nikolas “Nik” Kubik|Central Office|Computer Tech|effective 7/25/23
Nikolas “Nik” Kubik|WCHS|Boys Lacrosse Assistant Coach|effective 7/25/23
Jessica “Jess” Stephens|Simmons|Instructional Assistant|effective 8/8/23
James Hamilton|WCHS|Cook/Baker|effective 8/8/23
Cristina “Crissie” Evans|Southside|School Nurse|effective 7/24/23
Kelly Odell|Simmons|Math Interventionist|effective 8/7/23
Caitlyn Garcia|Northside|Kindergarten Teacher|effective 8/7/23
Bradley “Brad” Turpin, Jr.|WCHS|JAG Instructor|effective 8/7/23
Micha Gehring|WCMS|Music Teacher|effective 8/7/23
Mackenzie Smith|Southside|Intermediate Teacher|effective 8/7/23
Chris Antrobus|Southside|Custodian|effective 7/24/23
Hannah Mae Faulknier|WCMS|Cook/Baker|effective 8/8/23
Kaylea Lemasters|WCMS|Cook/Baker|effective 8/8/23

Transfers

Jeffrey Brewer|from Substitute Bus Driver|to Bus Driver (4 hrs)|effective 7/1/23
Abigail Lemen|Huntertown|FROM: Sub Teacher TO: Special Education Teacher (LBD)|effective 8/7/23
Courtney Gale-Hawkins|Simmons|FROM: .5 EL IA (district funded) & .5 Interventionist (Title 1 funded) TO: 1.0 EL IA|effective 8/8/23
Hope Newman Bobbitt|WCHS|FROM: Cook/Baker @ WCMS TO: Food Service Manager|effective 8/7/23
Tammy Doolin|Northside|FROM: Substitute Teacher TO: IA|effective 8/10/23
Evelyn Kerns|WCMS|FROM: JAG Teacher @ WCHS TO: 6th Grade LA/Social Studies Teacher|effective 8/7/23
Sandra Simmons|WCHS|FROM: Registrar TO: Guidance Counselor|effective 7/1/23
Mackenzie Durr|Southside|FROM: Intermediate Teacher TO: Administrative Dean|effective 7/3/23
Katherine Hemlepp|WCMS|FROM: Science Teacher TO: Special Education Teacher (LBD)|effective 8/7/23
Wade Slama|FROM: 6 hr Lead Custodian @ Safe Harbor/2 hr Custodian @ Simmons TO: 8 hr Lead Custodian @ Safe Harbor |effective 7/1/23
Kimberly Hartley|Huntertown|FROM: 5th grade Teacher TO: General Fund Paid Interventionist|effective 7/1/23
Amanda Burke|FROM: Cook/Baker @ WCHS TO: Instructional Assistant @ Simmons|effective 8/8/23
Christina Anderson|FROM: IA II @ Southside TO: Instructional Assistant @ Simmons|effective 8/8/23
Taryn Beers|WCHS|FROM: Full Time Sub TO: Secretary |effective 7/1/23
Holly Tincher|FROM: Computer Tech TO: Systems Analyst|effective 7/1/23

Leah "Erin" Gordon|Simmons|FROM: Sub Nurse TO: School Nurse|effective 7/3/23
Emma DeBorde|Southside|FROM: Sub ETC TO: IA (Special Education)|effective 8/8/23
Michelle Donoho|WCMS|FROM: Cafeteria Monitor TO: Cook/Baker|effective 8/8/23
Phillip Clay Mattingly|FROM: Principal @ WCMS TO: Vice Principal @ WCHS|effective 7/1/23
Shelby Rodman|Southside|FROM: Attendance Data Tech TO: Special Ed Instructional Assistant|effective 8/8/23
Wendy Bernard|Simmons|FROM: Instructional Assistant I TO: Secretary|effective 7/1/23
Rachel Douglas|Southside|FROM: ETC Monitor TO: Instructional Assistant (MSD)|effective 8/8/23
Leah Osborne|FROM: IA I @ Simmons TO: Special Education Teacher (LBD) @ WCMS|effective 8/7/23
Julie Cox|FROM: School Nurse @ Southside TO: School Nurse @ Huntertown|effective 7/22/23
Jessica Moore|Huntertown|From: Substitute TO: Special Education Instructional Assistant|effective 8/8/23

Substitutes

Emily Porter|Southside|Sub-Bookkeeper|effective 6/1/23
Amanda Shepard|WCHS|Certified Substitute|effective 6/1/23
Amanda Shepard|WCHS|Certified Substitute|effective 6/1/23
Jonathan Scoot Moore|Huntertown|Substitute Custodian|effective 6/28/23
Abby Mollette|District-Wide|Substitute Nurse|effective 7/21/2023
Carl "Brian" Miller|WCHS|Substitute Teacher|effective 8/8/23

Retirement

Resignations

Rachel Douglas|Huntertown|ETC Monitor|effective 6/30/23
Caitlin Earl|Southside|ETC Monitor|effective 6/2/2023
Caitlin Earl|Bus Garage|Substitute Bus Monitor|effective 6/2/2023
Joseph Carr|WCHS|Health Education Teacher|effective 5/30/23
Alyssa Sturgill|WCMS|Choral Director, Drama Sponsor|effective 6/8/23
Alyssa Sturgill|WCMS|Music Teacher|effective 5/30/23
Malcolm Offutt|WCHS|Assistant Football Coach|effective 6/9/23
Susan Godman|WCHS|Special Education Teacher (LBD)|effective 6/26/23
Kristen Bisher|Northside|3rd Grade Teacher|effective 6/30/23
Pamela Murphy|District|Substitute Teacher|effective 7/5/23
James Fraley|WCMS|Speech Language Pathologist|effective 6/30/23
Abby Mollette|Huntertown|School Nurse|effective 7/21/23

Hayley Cooper|Southside|Teacher|effective 6/30/23

Heather Schuerman|District Wide|Job Training Coordinator|effective 7/30/23

Misty Tillery|WCMS|Special Education Teacher (LBD)|effective 7/14/23

Ashley Saylor|Huntertown|Instructional Assistant I|effective 7/28/23

Volunteers

Mary "Hannah" Worrell Sanchez|WCHS|Volunteer Assistant Girls Soccer Coach|effective 7/7/23

Limited Contracts

Please see attached.

2022-2023 JA

Certified Limited Contract - ~~2020-2021~~

I, Ryan Wilson who works at Simmons school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the ~~2020-2021~~ 2022-23 JA School Year only:

Program: Administration Tasks Position/Type of Service: Administration Paperwork

Date(s) to be Worked: June 29th, 2023 MUNIS Code: 0751077-0113-9600

Max. No. of Hours Per Day: 8 Max. No. of Hours to be Worked: 8

Rate of Pay: \$ 25.00 Total Anticipated Compensation Not to Exceed: \$ 200.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the

Employee Signature: Ry Wilson Supervisor/Program Admin Signature: [Signature] Date: 6/29/23

Complete the following section as work is completed, once all work is completed, complete Totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/29													
Hours	8													

Date														
Hours														

Date														
Hours														

Date														
Hours														

Total Days/Hours Completed: 8 Pay Rate: \$ 25.00 Total Due \$ 200.00

Employee Signature: Ry Wilson Supervisor/Program Admin Signature: [Signature] Date: 6/29/23

Revised: June 2020

Classified Limited Contract - 2022-2023

I, Jenna Atwood who works at District Wide school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Extended School Year (ESY) Summer Program Position/Type of Service: Occupational Therapist

Date(s) to be Worked: June 6, 8, 13, 15, 20, 22, 27, 29 2023 MUNIS Code: 0001121-0131-9021

Max. No. of Hours Per Day: 4 Max. No. of Hours to be Worked: -20 32

Rate of Pay: \$49.15 Total Anticipated Compensation Not to Exceed: ~~\$983.00~~ \$1572.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature:  Supervisor/Program Admin Signature:  Date: 06-06-2023
Employee ID: _____

Revised: May 2021

Instructions:

- Scan copy to HR and school time keeper PRIOR to start date.
- You will be assigned a unique job in Time Clock to record this time as it is worked.
- Send Copy to Payroll.

Classified Limited Contract - 2022-2023

I, Keith Brown who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Extended School Year (ESY) Summer Program Position/Type of Service: ESY Instructional Assistant

Date(s) to be Worked: June 6, 8, 13, 15, ~~20, 26, 28, 29~~ 2023 MUNIS Code: 0001121-0131-9021

Max. No. of Hours Per Day: 4 Max. No. of Hours to be Worked: 20 16

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: ~~\$500.00~~ \$400.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Keith Brown Supervisor/Program Admin Signature: [Signature] Date: 6/16/2023
Employee ID: _____

Revised: May 2021

Instructions:

- Scan copy to HR and school time keeper PRIOR to start date.
- You will be assigned a unique job in Time Clock to record this time as it is worked.
- Send Copy to Payroll.

Certified Limited Contract - 2022-2023

I, Kathryn Harvey who works at Southside school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Extended School Year (ESY) Summer Program Position/Type of Service: ESY Speech Language Pathologist

Date(s) to be Worked: June 6, 8, 13, 15, 20, ~~21~~, ~~22~~, ~~23~~ 2023 MUNIS Code: 0001121-0113-9021

Max. No. of Hours Per Day: 4 Max. No. of Hours to be Worked: 20

Rate of Pay: \$37.81 Total Anticipated Compensation Not to Exceed: \$ 756.20

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 06-06-2023
Employee ID: _____

Complete the following section as work is completed, once all work is completed, complete Totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/6	6/8	6/13	6/15	6/20								
Hours	4	4	4	4	4								
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 20 Pay Rate: \$ 37.81 Total Due: \$ 756.20

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 06-26-2023

Revised: May 2021

Classified Limited Contract - 2022-2023

I, Bev Logan who works at Southside school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Extended School Year (ESY) Summer Program Position/Type of Service: ESY Instructional Assistant

Date(s) to be Worked: June ~~18~~, ~~19~~, 20, 22, ~~23~~, 29 2023 MUNIS Code: 0001121-~~0131~~⁰¹⁵⁰-9021

Max. No. of Hours Per Day: 4 Max. No. of Hours to be Worked: 20

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$500.00

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are **not assigned to you past the current school year**.

Employee Signature: _____ Supervisor/Program Admin Signature: [Signature] Date: 6/28/23
Employee ID: _____

Revised: May 2021

Instructions:

- Scan copy to HR and school time keeper PRIOR to start date.
- You will be assigned a unique job in Time Clock to record this time as it is worked.
- Send Copy to Payroll.

Classified Limited Contract - 2022-2023

I, Troy Adams who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Extended School Year (ESY) Summer Program Position/Type of Service: ESY Instructional Assistant

Date(s) to be Worked: June 6, 8, 13, 15, ~~20~~, 22, ~~28~~, 29 2023 MUNIS Code: 0001121-0131-9021

Max. No. of Hours Per Day: 4 Max. No. of Hours to be Worked: 20 20

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: ~~\$500.00~~ \$700.00

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6-6-2023
Employee ID: _____

Revised: May 2021

Instructions:

- Scan copy to HR and school time keeper PRIOR to start date.
- You will be assigned a unique job in Time Clock to record this time as it is worked.
- Send Copy to Payroll.

Classified Limited Contract - 2022-2023

I, Libby Haas who works at Central Office school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Extended School Year (ESY) Summer Program Position/Type of Service: Instructor
~~ESY Instructional Assistant~~

Date(s) to be Worked: June 6, ~~7, 8, 9, 10, 11, 12~~ 2023 MUNIS Code: 0001121-0131-9021

Max. No. of Hours Per Day: 4 Max. No. of Hours to be Worked: 4

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$100.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Libby Haas Supervisor/Program Admin Signature: [Signature] Date: 06-06-2023
Employee ID: _____

Revised: May 2021

Instructions:

- Scan copy to HR and school time keeper PRIOR to start date.
- You will be assigned a unique job in Time Clock to record this time as it is worked.
- Send Copy to Payroll.

Classified Limited Contract - 2022-2023

I, Elizabeth Woodrum who works at Southside school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

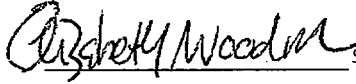
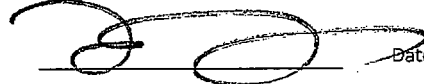
Program: Extended School Year (ESY) Summer Program Position/Type of Service: ESY Instructional Assistant

Date(s) to be Worked: June 6, 8, 13, 15, 20, 22, 27, 29 2023 MUNIS Code: 0001121-0131-9021

Max. No. of Hours Per Day: 4 Max. No. of Hours to be Worked: 30

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$900.00

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature:  Supervisor/Program Admin Signature:  Date: 06-06-2023

Employee ID: _____

Revised: May 2021

Instructions:

- Scan copy to HR and school time keeper PRIOR to start date.
- You will be assigned a unique job in Time Clock to record this time as it is worked.
- Send Copy to Payroll.

Classified Limited Contract - 2022-2023

I, Brittany Leveque who works at Southside school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Extended School Year (ESY) Summer Program Position/Type of Service: ESY Instructional Assistant

Date(s) to be Worked: June 6, 8, 13, 15, ~~16, 18~~, 27, 29 2023 MUNIS Code: 0001121-0131-9021

Max. No. of Hours Per Day: 4 Max. No. of Hours to be Worked: 29

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$700.00

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Brittany Leveque Supervisor/Program Admin Signature: [Signature] Date: 06-06-2023
Employee ID: _____

Revised: May 2021

Instructions:

- Scan copy to HR and school time keeper PRIOR to start date.
- You will be assigned a unique job in Time Clock to record this time as it is worked.
- Send Copy to Payroll.

Certified Limited Contract - 2022-2023

I, Emmaline McNabb who works at Southside school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Extended School Year (ESY) Summer Program Position/Type of Service: INSTRUCTOR
~~ESY Speech Language Pathologist~~

Date(s) to be Worked: June 6, 8, 13, 15, 20, 27, 29 2023 MUNIS Code: 0001121-0113-9021

Max. No. of Hours Per Day: 4 Max. No. of Hours to be Worked: 32

Rate of Pay: \$49.77 Total Anticipated Compensation Not to Exceed: \$1592.64

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Emmaline McNabb Supervisor/Program Admin Signature: [Signature] Date: 06/06/2023

Complete the following section as work is completed, once all work is completed, complete Totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/6	6/8	6/13	6/15	6/20	6/27	6/29	7/1	→ Planning		
Hours	4	4	4	4	4	4	4	4			
Date											
Hours											
Date											
Hours											
Date											
Hours											

Total Days/Hours Completed: 32 Pay Rate: \$ 49.77 Total Due: \$ 1592.64

Employee Signature: Emmaline McNabb Supervisor/Program Admin Signature: [Signature] Date: 06-20-2023

Certified Limited Contract - 2022-2023

I, Amanda Shepard who works at Southside school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Extended School Year (ESY) Summer Program Position/Type of Service: ESY Instructor

Date(s) to be Worked: June 6, 8, 13, 15, 20, 22, 27, 29 2023 MUNIS Code: 0001121-0130-9021

Max. No. of Hours Per Day: 4 Max. No. of Hours to be Worked: 28

Rate of Pay: \$ 35.00 Total Anticipated Compensation Not to Exceed: \$ 980.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities; and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/23/23

Complete the following section as work is completed; once all work is completed, complete totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/11	6/16	6/18	6/20	6/22	6/27	6/29						
Hours	4 <i>planning</i>	4	4	4	4	4	4						
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 28 Pay Rate: \$ 35.00 Total Due: \$ 980.00

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/23/23

Certified Limited Contract - 2022-2023

I, Emmaline McNabb who works at Southside school; do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:


Program: Special Education Department Position/Type of Service: MSD work days; Functional Curriculum Development

Date(s) to be Worked: June 26 2023 MUNIS Code: 0001121-0130-9021

Max. No. of Hours Per Day: 4 Max. No. of Hours to be Worked: 8

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$200.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: _____ Supervisor/Program Admin Signature:  Date: 6/26/23

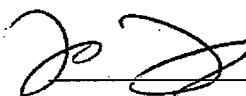
Complete the following section as work is completed, once all work is completed, complete Totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	06/26												
Hours	4												
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 4 Pay Rate: \$25.00 - Total Due: \$100.00

Employee Signature: Emmaline McNabb Supervisor/Program Admin Signature:  Date: 6/26/23

Certified Limited Contract - 2022-2023

I, Emily Kuebler who works at Southside school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

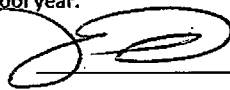
Program: Special Education Department Position/Type of Service: MSD work days; Functional Curriculum Development

Date(s) to be Worked: June 19, 26 2023 MUNIS Code: 0001121-0130-9021

Max. No. of Hours Per Day: 4 Max. No. of Hours to be Worked: 8

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$200.00 -

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: _____ Supervisor/Program Admin Signature:  Date: 6/26/23

Complete the following section as work is completed, once all work is completed, complete Totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	06/20												
Hours	4												
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 4 Pay Rate: \$ 25.00 - Total Due: \$ 100.00 -

Employee Signature: _____ Supervisor/Program Admin Signature:  Date: 6/26/23

Certified Limited Contract - 2022-2023

I, Amanda Shepard who works at Southside school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Special Education Department Position/Type of Service: MSD work days; Functional Curriculum Development

Date(s) to be Worked: June 26 2023 MUNIS Code: 0001121-0130-9021

Max. No. of Hours Per Day: 4 Max. No. of Hours to be Worked: 8

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$ 200.00 -

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/26/23
Employee ID: _____

Complete the following section as work is completed, once all work is completed, complete Totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR

Employee/Administrator Certification:

hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/26												
Hours	4												
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 4 Pay Rate: \$ 25.00 - Total Due: \$ 100.00 -

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/26/23

Certified Limited Contract - 2022-2023

I, Tiffany Harris who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Special Education Department Position/Type of Service: MSD work days; Functional Curriculum Development

Date(s) to be Worked: June 26, 2023 MUNIS Code: 0001121-0130-9021

Max. No. of Hours Per Day: 4 Max. No. of Hours to be Worked: 8

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$ 200.00 -

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: T Harris Supervisor/Program Admin Signature: [Signature] Date: 6/26/23
Employee ID: _____

Complete the following section as work is completed, once all work is completed, complete Totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>6/26</u>												
Hours	<u>4</u>												
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 4 Pay Rate: \$ 25.00 - Total Due: \$ 100.00

Employee Signature: T Harris Supervisor/Program Admin Signature: [Signature] Date: 6/26/23

Certified Limited Contract - 2022-2023

I, SHELBY ISON who works at NORTHSIDE school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: BRIGANCE Position/Type of Service: BRIGANCE TRAINING

Date(s) to be Worked: 6/10/2023 June MUNIS Code: 0001053 0113 9023

Max. No. of Hours Per Day: N/A Max. No. of Hours to be Worked: 3

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$ 75.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Shelby Ison Supervisor/Program Admin Signature: Susan Tracy Date: 6/20/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/26/23													
Hours	3													
Date														
Hours														
Date														
Hours														
Date														
Hours														

Total Days/Hours Completed: 3 hrs. Pay Rate: \$ 25.00 Total Due: \$ 75.00

Employee Signature: Shelby Ison Supervisor/Program Admin Signature: Susan Tracy Date: 6/20/23

Revised: April 2019

Certified Limited Contract - 2022-2023

3

I, JENNIFER SMITH who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Programs: SCIENCE CURRICULUM Position/Type of Service: WCHS SCIENCE CURRICULUM MAP REVISIONS

Date(s) to be Worked: MAY 2023 MUNIS Code: 0841053 0113 9795

Max. No. of Hours Per Day: 1 Max. No. of Hours to be Worked: 5

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$ 125.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Jennifer Smith Supervisor/Program Admin Signature: [Signature] Date: 5/19/23

~~Complete the following section as work is completed. Once all work is completed, complete Total section below, sign, and send original to Dana Christian so she can process for payment. Thank you!~~

Employee/Administrator Certification:
I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	5/30													
Hours	1													
Date														
Hours														
Date														
Hours														
Date														
Hours														

Total Days/Hours Completed: 1 Pay Rate: \$ 25.00 Total Due: \$ 25.00

Employee Signature: Jennifer Smith Supervisor/Program Admin Signature: _____ Date: _____

July 2022

Certified Limited Contract - 2022-2023

I, Jennifer Smith who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: ESS - Summer School Virtual Position/Type of Service: Subst
Date(s) to be Worked: _____ MUNIS Code: 0841767 0113 120
Max. No. of Hours Per Day: 3hr Max. No. of Hours to be Worked: 15hr
Rate of Pay: 35.00 Total Anticipated Compensation Not to Exceed: 525.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to _____ as. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Jennifer Smith Supervisor/Program Admin Signature: Susan Tracy Date: _____
Employee ID: _____

Complete the following section as work is completed, once all work is completed, complete Totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>7/5</u>	<u>7/6</u>	<u>7/7</u>	<u>7/8</u>										
Hours	<u>3hr</u>	<u>3hr</u>	<u>3hr</u>	<u>3hr</u>										
Date	<u>7/11</u>	<u>7/12</u>												
Hours	<u>3hr</u>	<u>3hr</u>												
Date														
Hours														
Date														
Hours														

Total Days/Hours Completed: 15 hr. Pay Rate: \$ 35.00 - Total Due: \$ 525.00 ✓ 15 hrs confirmed w/3

Employee Signature: Jennifer Smith Supervisor/Program Admin Signature: Susan Tracy Date: 6/22/22
Revised: May 2021

July 2022

Certified Limited Contract - 2022-2023

I, Amber Sargent who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: ESS - Summer School Virtual Position/Type of Service: Subviny

Date(s) to be Worked: _____ MUNIS Code: 0841767 0113 120X

Max. No. of Hours Per Day: 3hr. Max. No. of Hours to be Worked: 15hr.

Rate of Pay: 35.00 Total Anticipated Compensation Not to Exceed: 525.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to amendment. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Amber Sargent Supervisor/Program Admin Signature: Susan Tracy Date: _____
Employee ID: _____

Complete the following section as work is completed, once all work is completed, complete Totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	7/5	7/6	7/7	7/8									
Hours	3hr.	3hr	3hr	3hr									

Date	7/11	7/12											
Hours	3hr.	3hr.											

Date													
Hours													

Date													
Hours													

Total Days/Hours Completed: 15hr. Pay Rate: \$ 35.00 Total Due: \$ 525.00 ✓ 15 hrs confirmed with

Employee Signature: Amber Sargent Supervisor/Program Admin Signature: Susan Tracy Date: 6/22/22
Revised: May 2021

classified OK NIK
Certified Limited Contract - 2022-2023

I, Leah Osbourne who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Summer School - ESS Position/Type of Service: Teaching
 Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0841767 013 120X
 Max. No. of Hours Per Day: 5 hr. Max. No. of Hours to be Worked: 57 hr.
 Rate of Pay: 25.00 Total Anticipated Compensation Not to Exceed: _____

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to annual review. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/12/23

Complete the following section as work is completed, once all work is completed, complete totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/12	6/13	6/14	6/15	6/16								
Hours	4hr	4hr	4hr	4hr	4hr								
Date	6/20	6/21	6/22	6/23									
Hours	4hr	4hr	4hr	4hr									
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 32 36 Pay Rate: \$ 25.00 Total Due: \$ 800.00 900.00 dlc

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/23/2023

Revised: May 2021

Classified
Certified Limited Contract - 2022-2023

Athena Lafser who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Summer School Position/Type of Service: Teaching / Summer School
 Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0842158 0113 0131
 Max. No. of Hours Per Day: 5 hrs. Max. No. of Hours to be Worked: 57 15 F J
 Rate of Pay: 25.00 AS Total Anticipated Compensation Not to Exceed: \$ 2000.00 xx

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Athena Lafser Supervisor/Program Admin Signature: C. M. [Signature] Date: 6/12/23

Complete the following section as work is completed, once all work is completed, complete totals section below, sign, obtain supervisor's signature and send Original to Payroll and Copy to HR

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/12	6/13	6/14	6/15	6/16								
Hours	4hr	4hr	4hr	4hr	4hr								
Date	6/20	6/21	6/22	6/23									
Hours	4hr	4hr	4hr	4hr									
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 36 Pay Rate: \$ 25.00 AS Total Due: \$ 800.00 ~~1200.00~~ 900.00 ~~AS~~ dl

Employee Signature: Athena Lafser Supervisor/Program Admin Signature: C. M. [Signature] Date: 6/23/2023

Substitute Hours *dlc*

Dorothy Hundley

Certified Limited Contract - 2022-2023

who works at WCHS school, do hereby contract with the Woodford County Board of Ed.
to perform the following services for the 2022-2023 School Year only:

Program: Summer School Position/Type of Service: Teaching / Summer School

Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0842158 0113

Max. No. of Hours Per Day: 5 hrs. Max. No. of Hours to be Worked: 57 15 FJ

Rate of Pay: 35.00 Total Anticipated Compensation Not to Exceed: \$ 2000.00 *xx*

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: *Dorothy Hundley* Supervisor/Program Admin Signature: *CJ Mathys* Date: 6-10-2023

Employee ID: _____
Complete the following section as work is completed, once all work is completed, complete Totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>6/12</u>	<u>6/13</u>	<u>6/14</u>	<u>6/15</u>	<u>6/16</u>															
Hours	<u>4 hr.</u>	<u>4 hr.</u>	<u>4 hr.</u>	<u>4 hr.</u>	<u>4 hr.</u>															
Date	<u>6/20</u>	<u>6/21</u>	<u>6/22</u>	<u>6/23</u>																
Hours	<u>4 hr.</u>	<u>4 hr.</u>	<u>4 hr.</u>	<u>4 hr.</u>																
Date																				
Hours																				
Date																				
Hours																				

Emerg Cert?
Should be
\$25 per hour?
Sub?
dlc

Total Days/Hours Completed: 36 Pay Rate: \$ 35.00 Total Due: \$ 1260.00

Employee Signature: *Dorothy Hundley* Supervisor/Program Admin Signature: *CJ Mathys* Date: 6/23/2023

Susan Lary
Revised: May 2021

Certified Limited Contract - 2022-2023

I, Alison Avsar who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Summer School Position/Type of Service: Teaching / Summer School
 Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0842158 0113
 Max. No. of Hours Per Day: 5 hrs. Max. No. of Hours to be Worked: 57 15 FJ
 Rate of Pay: 35.00 Total Anticipated Compensation Not to Exceed: \$ 2000.00/yr

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Alison Avsar Supervisor/Program Admin Signature: [Signature] Date: 6/11/2023

Employee ID: _____
 Complete the following section as work is completed, once all work is completed, complete totals section below, sign, obtain supervisor's signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/12	6/13	6/14	6/15										
Hours	4hr	4hr	4hr	4hr										
Date	6/20	6/21	6/22	6/23										
Hours	4hr	4hr	4hr	4hr										
Date														
Hours														
Date														
Hours														

Total Days/Hours Completed: 32 Pay Rate: \$ 35.00 - Total Due: \$ 1120.00 ✓

Employee Signature: Alison Avsar Supervisor/Program Admin Signature: [Signature] Date: 6/30/2023
Susan Gray Revised: May 2021

Certified Limited Contract - 2022-2023

I, Laura Benton who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Summer School Position/Type of Service: Teaching / Summer School
 Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0842158 0113
 Max. No. of Hours Per Day: 5 hrs. Max. No. of Hours to be Worked: 57 15 FJ
 Rate of Pay: 35.00 Total Anticipated Compensation Not to Exceed: \$ 2000.00/yr

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Laura Benton Supervisor/Program Admin Signature: C. Mathys Date: 6/11/2023
 Employee ID: _____

~~Complete the following section as work is completed. Once all work is completed, complete total section below, sign, obtain supervisor's signature and send Original to Payroll and Copy to HR.~~

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>6/12</u>	<u>6/13</u>	<u>6/14</u>	<u>6/15</u>									
Hours	<u>4hr</u>	<u>4hr</u>	<u>4hr</u>	<u>4hr</u>									
Date	<u>6/20</u>	<u>6/21</u>	<u>6/22</u>	<u>6/23</u>									
Hours	<u>4hr</u>	<u>4hr</u>	<u>4hr</u>	<u>4hr</u>									
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 32 Pay Rate: \$ 35.00 - Total Due: \$ 1120.00 ✓

Employee Signature: Laura Benton Supervisor/Program Admin Signature: C. Mathys Date: 6/23/2023

Susan Tracy
 Revised: May 2021

Monica Elmore Certified Limited Contract - 2022-2023
 who works at WCHS school, do hereby contract with the Woodford County Board of Ed.
 to perform the following services for the 2022-2023 School Year only:

Program: Summer School Position/Type of Service: Teaching / Summer School
 Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0842158 0113
 Max. No. of Hours Per Day: 5 hrs. Max. No. of Hours to be Worked: 57 15 FJ
 Rate of Pay: 35.00 Total Anticipated Compensation Not to Exceed: \$ 2000.00/yr

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Monica Elmore Supervisor/Program Admin Signature: [Signature] Date: 6/11/2023

Complete the following section as work is completed, once all work is completed, complete totals section below, sign, obtain supervisor's signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/12	6/13	6/14	6/15	6/16								
Hours	4hr	4hr	4hr	4hr	4hr								
Date	6/20	6/21	6/22	6/23									
Hours	4hr	4hr	4hr	4hr									
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 36 Pay Rate: \$ 35.00 - Total Due: \$ 1260.00 ✓

Employee Signature: Monica Elmore Supervisor/Program Admin Signature: [Signature] Date: 6/23/2023

Revised May 2021

Certified Limited Contract - 2022-2023

I, Sydney Harper who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Summer School Position/Type of Service: Teaching / Summer School

Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0842158 0113 15FJ

Max. No. of Hours Per Day: 5 hrs. Max. No. of Hours to be Worked: 0842158 0113 15FJ

Rate of Pay: 35.00 Total Anticipated Compensation Not to Exceed: \$ 2000.00/xy

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Sydney Harper Supervisor/Program Admin Signature: C. Mitty Date: 6/11/2023

Complete the following section as work is completed, once all work is completed, complete totals section below, sign, obtain supervisor's signature and send Original to Payroll and copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/13	6/14	6/15	6/16										
Hours	4hr	4hr	4hr	4hr										
Date	6/20	6/21	6/22	6/23										
Hours	4hr	4hr	4hr	4hr										
Date														
Hours														
Date														
Hours														

Total Days/Hours Completed: 320 Pay Rate: \$ 35.00 Total Due: \$ 11200.00/xy ✓

Employee Signature: Sydney Harper Supervisor/Program Admin Signature: C. Mitty Date: 6/23/2023

Musem Tracy
Revised: May 2021

Certified Limited Contract - 2022-2023

I, Madison Kamer who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Summer School Position/Type of Service: Teaching / Summer School
 Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0842158 0113
 Max. No. of Hours Per Day: 5 hrs. Max. No. of Hours to be Worked: 57 15 F J
 Rate of Pay: 35.00 Total Anticipated Compensation Not to Exceed: \$ 2000.00/yr

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise; with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Madison Kamer Supervisor/Program Admin Signature: [Signature] Date: 6/11/2023
 Employee ID: _____

Complete the following section as work is completed, once all work is completed, complete totals section below, sign, obtain supervisor's signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>6/12</u>	<u>6/13</u>		<u>6/15</u>	<u>6/16</u>								
Hours	<u>4hr</u>	<u>4hr</u>		<u>4hr</u>	<u>4hr</u>								
Date	<u>6/20</u>	<u>6/21</u>	<u>6/22</u>	<u>6/23</u>									
Hours	<u>4hr</u>	<u>4hr</u>	<u>4hr</u>	<u>4hr</u>									
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 32 Pay Rate: \$ 35.00 - Total Due: \$ 1120.00 ✓

Employee Signature: Madison Kamer Supervisor/Program Admin Signature: [Signature] Date: 6/23/2023

[Signature]
Susan Gray
 Revised: May 2021

Certified Limited Contract - 2022-2023

I, Sarah Maynard who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Summer School Position/Type of Service: Teaching / Summer School
 Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0842158 0113
 Max. No. of Hours Per Day: 5 hrs. Max. No. of Hours to be Worked: 57 15 FJ
 Rate of Pay: 35.00 Total Anticipated Compensation Not to Exceed: \$ 2000.00/yr

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Sarah Maynard Supervisor/Program Admin Signature: [Signature] Date: 6/11/2023

~~Complete the following section as work is completed, once all work is completed, complete totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.~~

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/12	6/13	6/14	6/15	6/16								
Hours	4hr	4hr	4hr	4hr	4hr								
Date	6/20	6/21	6/22	6/23	6/26	6/27							
Hours	4hr	4hr	4hr	4hr	3hr	3hr							
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 42 Pay Rate: \$ 35.00 - Total Due: \$ 1470.00 ✓

Employee Signature: Sarah Maynard Supervisor/Program Admin Signature: [Signature] Date: 6/28/2023

Susan Tracy
Revised: May 2021

Caleb Nelson Certified Limited Contract - 2022-2023
 who works at WCHS school, do hereby contract with the Woodford County Board of Ed.
 to perform the following services for the ~~2022-2023~~ School Year only:

Program: Summer School Position/Type of Service: Teaching / Summer School
 Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0842158 0113
 Max. No. of Hours Per Day: 5 hrs. Max. No. of Hours to be Worked: 57 15 FJ
 Rate of Pay: 35.00 Total Anticipated Compensation Not to Exceed: \$ 2000.00/xx

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/12/23

Complete the following section as work is completed, once all work is completed, complete totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/12	6/13	6/14	6/15	6/16								
Hours	4hr	4hr	4hr	4hr	4hr								
Date	6/20	6/21	6/22	6/23									
Hours	4hr	4hr	4hr	4hr									
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 36 Pay Rate: \$ 35.00 - Total Due: \$ 1260.00 ✓

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/23/23

[Signature]
 Susan Long
 Revised May 2021

Certified Limited Contract - 2022-2023

I, Dan Puff who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Summer School Position/Type of Service: Teaching / Summer School
 Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0842158 0113
 Max. No. of Hours Per Day: 5 hrs. Max. No. of Hours to be Worked: 57 15 FJ
 Rate of Pay: 35.00 Total Anticipated Compensation Not to Exceed: \$ 2000.00/x

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/11/2023

Complete the following section as work is completed, once all work is completed, complete totals section below, sign, obtain supervisor's signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/12	6/13	6/14	6/15	6/16								
Hours	4hr	4hr	4hr	4hr	4hr								
Date	6/20	6/21	6/22	6/23									
Hours	4hr	4hr	4hr	4hr									
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 36 Pay Rate: \$ 35.00- Total Due: \$ 1260 00 ✓

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/23/23
 Revised: May 2021

Certified Limited Contract - 2022-2023

Cinder August

who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: ESS - Summer School Director Position/Type of Service: Co-Director of Instruction
 Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0841767 0113 120
 Max. No. of Hours Per Day: 8 hr. Max. No. of Hours to be Worked: 100
 Rate of Pay: 35.00 Total Anticipated Compensation Not to Exceed: \$ 3500.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: _____ Date: _____
 Employee ID: _____

Complete the following section as work is completed, once all work is completed, complete Totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>6/12</u>	<u>6/13</u>	<u>6/14</u>	<u>6/15</u>	<u>6/16</u>									
Hours	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>									
Date	<u>6/20</u>	<u>6/21</u>	<u>6/22</u>	<u>6/23</u>										
Hours	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>										
Date	<u>6/26</u>	<u>6/27</u>	<u>6/28</u>	<u>6/29</u>	<u>6/30</u>									
Hours	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>									
Date														
Hours														

Total Days/Hours Completed: 84 Pay Rate: \$ 35.00 Total Due: \$ 2940.00 ✓

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: _____

Revised: May 2021

Jennifer Smith

Certified Limited Contract - 2022-2023

who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: ESS - Summer School Director Position/Type of Service: 6 Director of Instructor

Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0841767 011 3 120X

Max. No. of Hours Per Day: 8 hr. Max. No. of Hours to be Worked: 100x hr.

Rate of Pay: 35.⁰⁰ Total Anticipated Compensation Not to Exceed: \$ 3500.⁰⁰

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Jennifer Smith Supervisor/Program Admin Signature: Susan Tracy Date: 6/6/23

Employee ID: _____
Complete the following section as work is completed, once all work is completed, complete totals section below, sign, obtain supervisor's signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>6/12</u>	<u>6/13</u>	<u>6/14</u>	<u>6/15</u>	<u>6/16</u>								
Hours	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>								

Date	<u>6/18</u>	<u>6/20</u>	<u>6/21</u>	<u>6/22</u>	<u>6/23</u>								
Hours	<u>X^{AS}</u>	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>								

Date	<u>6/26</u>	<u>6/27</u>	<u>6/28</u>	<u>6/29</u>	<u>6/30</u>								
Hours	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>	<u>6 hr.</u>								

Date													
Hours													

Total Days/Hours Completed: 84 Pay Rate: \$ 35.⁰⁰ Total Due: \$ 2940.⁰⁰ ✓

Employee Signature: Jennifer Smith Supervisor/Program Admin Signature: Susan Tracy Date: _____

Revised: May 2021

Certified Limited Contract - 2022-2023

I, Stephanie Stoelb who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Summer School Position/Type of Service: Teaching / Summer School
 Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0842158 0113
 Max. No. of Hours Per Day: 5 hrs. Max. No. of Hours to be Worked: 57 15 FJ
 Rate of Pay: 35.00 Total Anticipated Compensation Not to Exceed: \$ 2000.00/yr

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 4/11/2023

Complete the following section as work is completed, once all work is completed, complete total section below, sign, obtain supervisor's signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/12	6/13	6/14	6/15	6/16								
Hours	4hr	4hr	4hr	4hr	4hr								
Date	6/20	6/21	6/22	6/23									
Hours	4hr	4hr	4hr	4hr									
Date	6/26	6/27	6/28	6/29	6/30								
Hours	2hr.	2hr.	2hr.	2hr.	2hr.								
Date													
Hours													

Total Days/Hours Completed: 46 AS Pay Rate: \$ 35.00 AS Total Due: \$ 1610.00 AS ✓
~~30 AS~~ ~~35.00 AS~~ ~~1260.00 AS~~

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 4/30/2023
 Susan Tracy Revised: May 2021

Sarah Townsend

Certified Limited Contract - 2022-2023

who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Summer School Position/Type of Service: Teaching / Summer School

Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0842158 0113

Max. No. of Hours Per Day: 5 hrs. Max. No. of Hours to be Worked: 57 15 FJ

Rate of Pay: 25.00 Total Anticipated Compensation Not to Exceed: \$ 2000.00/yr

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/11/2023

Complete the following section as work is completed, once all work is completed, complete Totals section below, sign, obtain supervisor's signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	06/12	6/13	6/14										
Hours	4hr	4hr	4hr										
Date	6/20	6/21	6/22	6/23									
Hours	4hr	4hr	4hr	4hr									
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 28 Pay Rate: \$ 35.00 Total Due: \$ 980.00 ✓

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/23/2023

[Signature]
Revised: May 2021

Certified Limited Contract - 2022-2023

I, Miles White who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Summer School Position/Type of Service: Teaching / Summer School
 Date(s) to be Worked: 6/11/2023 - 6/30/2023 MUNIS Code: 0842158 0113
 Max. No. of Hours Per Day: 5 hrs. Max. No. of Hours to be Worked: 57 15 FJ
 Rate of Pay: 35.00 Total Anticipated Compensation Not to Exceed: \$ 2000.00/yr

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/11/2023
 Employee ID: _____

Complete the following section as work is completed. Once all work is completed, complete totals section below, sign, obtain supervisor's signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/12	6/13	6/14	6/15	6/16								
Hours	4hrs	4hrs	4hr	4hr	4hr								
Date	6/20	6/21	6/22	6/23									
Hours	4hr	4hr	4hr	4hr									
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 36 Pay Rate: \$ 35.00 - Total Due: \$ 1260.00 ✓

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/23/2023
 Revised: May 2021

Certified Limited Contract - 2022-2023

I, Sarah Townsend who works at WCMS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: Migrant Position/Type of Service: Student Tutoring

Date(s) to be Worked: Feb 22, 2023 - June 2023 (W & TR 3:45-5:45) plus 2 hours planning each week
MUNIS Code: 081 0002852 0113 3111 ~~3111~~ 3116Y

Max. No. of Hours Per Day: 2 Max. No. of Hours to be Worked: TBD

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: TBD

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 2/17/23

Complete the following section as work is completed. Once all work is completed, complete totals section below, sign and scan, and original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Summer

Date	2/23	3/09	3/16	3/23	3/30	4/13	4/20	4/27	5/04	5/11	6/17	6/18	
Hours	4	4	4	4	4	4	4	4	4	4	1	1	
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 40 Pay Rate: \$ 25.00 Total Due: \$ 1000.00
2 @ \$35.00 Summer 70.00
[Signature] Supervisor/Program Admin Signature: [Signature] Date:
1,070.00

Certified Limited Contract - 2022-2023

I, Tiffany Harris who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Special Education Department Position/Type of Service: Meeting/Planning

Date(s) to be Worked: June 13, 20 2023 MUNIS Code: 0001121-0130-9021

Max. No. of Hours Per Day: 7 Max. No. of Hours to be Worked: 14

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$350.00-

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: T Harris Supervisor/Program Admin Signature: [Signature] Date: 6/20/23

Complete the following section as work is completed; once all work is completed, complete Totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/13	6/20											
Hours	7	7											
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 14 Pay Rate: \$25.00 - Total Due: \$350.00

Employee Signature: T Harris Supervisor/Program Admin Signature: [Signature] Date: 6/20/23

Revised: May 2021

Certified Limited Contract - 2022-2023

I, Amanda Shepard who works at Southside school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Special Education Department Position/Type of Service: Meeting/Planning

Date(s) to be Worked: June 13, 20 2023 MUNIS Code: 0001121-0130-9021

Max. No. of Hours Per Day: 7 Max. No. of Hours to be Worked: 14

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$ 350.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/26/23
Employee ID: _____

Complete the following section as work is completed, once all work is completed, complete Totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/13	6/20											
Hours	7	7											
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 14 Pay Rate: \$ 25.00 - Total Due: \$ 350.00

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/26/23

Revised: May 2021

Certified Limited Contract - 2022-2023

I, Susan Godman who works at WCHS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Special Education Department Position/Type of Service: Providing miscellaneous services

Date(s) to be Worked: June 2023 MUNIS Code: 0941121-0113-9021

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 50

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$1250.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/24/23
 Employee ID: 12980

Complete the following section as work is completed; once all work is completed, complete Totals section below, sign, obtain supervisors signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/1	6/2	6/7	6/8	6/12	6/13	6/14	6/15	6/19	6/20		
Hours	3	1	1.5	.5	2	2	2	2	2	3		
Date												
Hours												
Date												
Hours												
Date												
Hours												

Total Days/Hours Completed: 19 hrs Pay Rate: \$ 25.00 - Total Due: \$ 475.00

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/26/23

Certified Limited Contract - 2022-2023

I, Casey Knight who works at Northside school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Special Education Department Position/Type of Service: Delivering Special Education Services Per IEP

Date(s) to be Worked: June 6, 7, 13, 14, 15, 20, 21, 22 2023 MUNIS Code: 000121-0130-9021

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 40

Rate of Pay: \$37.42 Total Anticipated Compensation Not to Exceed: \$1496.80

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Casey Knight Supervisor/Program Admin Signature: [Signature] Date: 06/10/2023

Complete the following section as work is completed; once all work is completed, complete Totals section below, sign, obtain supervisor's signature and send Original to Payroll and Copy to HR.

Employee/Administrator Certification:
I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/6	6/7	6/13	6/14	6/15	6/20	6/21	6/22				
Hours	5	5	5	5	5	5	5	5				
Date												
Hours												
Date												
Hours												
Date												
Hours												

Total Days/Hours Completed: 40 Pay Rate: \$ 37.42 Total Due: \$ 1496.80

Employee Signature: Casey Knight Supervisor/Program Admin Signature: [Signature] Date: 06/20/2023

Classified Limited Contract - 2022-2023

I, Libby Haas who works at Central Office school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:

Program: Records Clerk IDEA Compliance Position/Type of Service: Records Clerk

Date(s) to be Worked: JUNE 2023 (22 possible days) MUNIS Code: 0001121 - 0130 - 9021
Max. No. of Hours Per Day: 7.30 Max. No. of Hours to be Worked: 37.30 per week / 165 for month
Rate of Pay: \$17.18 Total Anticipated Compensation Not to Exceed: \$1040.91 per week / \$2834.70 "

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Libby Haas Supervisor/Program Admin Signature: [Signature] Date: 05/25/2023
Employee ID: _____

Revised: May 2021

Instructions:

- Scan copy to HR and school time keeper PRIOR to start date.
- You will be assigned a unique job in Time Clock to record this time as it is worked.
- Send Copy to Payroll.

Halley

Certified Limited Contract - 2022-2023

I, HALLIE RANKIN who works at HUNTERTOWN school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45 51 88

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00 1785.- 88

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Hallie Rankin Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below. Sign and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>HP</u> 6/6/23	<u>HP</u> 6/7/23	<u>HP</u> 6/8/23										
Hours	<u>HP</u> 5.00	5.00	5.00										
Date	<u>HP</u> 6/13/23	<u>HP</u> 6/14/23	<u>HP</u> 6/15/23										
Hours	5.00	5.00	5.00										
Date	<u>HP</u> 6/20/23	<u>HP</u> 6/21/23	<u>HP</u> 6/22/23										
Hours	5.00	5.00	5.00										
Date	<u>6/5/23</u>												
Hours	<u>6.00</u>												

Total Days/Hours Completed: 51 Pay Rate: \$35 PER HOUR Total Due: \$ 1785.- ✓

Employee Signature: Hallie Rankin Supervisor/Program Admin Signature: Lanisha Southworth Date: 6/22/23
Susan Tracy Revised: April 2019 6/23/23

Certified Limited Contract - 2022-2023

I, NICOLE ORTIZ who works at SIMMONS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	NMO 6/6/23	NMO 6/7/23	NMO 6/8/23										
Hours	5.00	5.00	5.00										
Date	NMO 6/13/23	NMO 6/14/23	NMO 6/15/23										
Hours	5.00	5.00	5.00										
Date	NMO 6/20/23	NMO 6/21/23	NMO 6/22/23										
Hours	5.00	5.00	5.00										
Date	6/5/23 - TRAINING DAY												
Hours	5.00												

Total Days/Hours Completed: 45 Pay Rate: \$35 PER HOUR Total Due: \$1575.00 ✓

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/22/23
[Signature] [Signature] Date: 6/23/23

Revised: April 2015

Certified Limited Contract - 2022-2023

I, SHERRI PING who works at SOUTHSIDE school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45.5

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00 1785.-

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Sherr Ping Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>SP</u> 6/6/23	<u>SP</u> 6/7/23	<u>SP</u> 6/8/23										
Hours	5.00	5.00	5.00										
Date	<u>SP</u> 6/13/23	<u>SP</u> 6/14/23	<u>SP</u> 6/15/23										
Hours	5.00	5.00	5.00										
Date	6/20/23	<u>SP</u> 6/21/23	<u>SP</u> 6/22/23										
Hours		5.00	5.00										
Date	<u>SP</u> 6/15/23												
Hours	6												

Total Days/Hours Completed: 46 Pay Rate: \$35 PER HOUR Total Due: \$1610.- ✓

Employee Signature: Sherr Ping Supervisor/Program Admin Signature: Susan Tracy Date: 6/22/23
Revised: April 2019

Certified Limited Contract - 2022-2023

I, COURTNEY KING who works at SIMMONS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 1561 88

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00, 1785 46

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Courtney King Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	CK 6/6/23	CK 6/7/23	CK 6/8/23										
Hours	5.00	5.00	5.00										
Date	6/13/23	CK 6/14/23	CK 6/15/23										
Hours		5.00	5.00										
Date	CK 6/20/23	CK 6/21/23	CK 6/22/23										
Hours	5.00	5.00	5.00										
Date	6/15/23												
Hours	6 CK												

Total Days/Hours Completed: 46 Pay Rate: \$35 PER HOUR Total Due: \$ 1610 ✓

Employee Signature: Courtney King Supervisor/Program Admin Signature: Sandra Smithworth Date: 6/22/23
Susan Tracy Revised: April 2023 6/23/23

Certified Limited Contract - 2022-2023

I, ALLIE KISER who works at HUNTERTOWN school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Allie Kiser Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>AK</u> 8/6/23	<u>AVC</u> 6/7/23	<u>AVC</u> 6/8/23									
Hours	5.00	5.00	5.00									
Date	<u>AVC</u> 6/13/23	<u>AVC</u> 6/14/23	<u>AVC</u> 6/15/23									
Hours	5.00	5.00	5.00									
Date	6/20/23	6/21/23	6/22/23									
Hours	5.00	5.00	5.00									
Date	<u>6/5/23</u>											
Hours	<u>AVC</u>											

Total Days/Hours Completed: 36 Pay Rate: \$35 PER HOUR Total Due: \$1260 = ✓

Employee Signature: Allie Kiser Supervisor/Program Admin Signature: Londra Southworth Date: 6/22/23
Susan Tracy Revised: April 2023 6/23/23

Certified Limited Contract - 2022-2023

I, CHAVI MUNIZ who works at SOUTHSIDE school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45 51

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00 \$1785.00

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Chavi Muniz Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following section only if you are a new contractor. Once all work is completed, please return this section to the person you contracted with and scan/send original to County Clerk for the contract process for payment. (Thank you!)

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	CM 6/6/23	CM 6/7/23	CM 6/8/23										
Hours	5.00	5.00	5.00										
Date	CM 6/13/23	CM 6/14/23	CM 6/15/23										
Hours	5.00	5.00	5.00										
Date	6/20/23	6/21/23	6/22/23										
Hours	CM 5.00	CM 5.00	CM 5.00										
Date	6/5/23												
Hours	CM 6												

Total Days/Hours Completed: 51 Pay Rate: \$35 PER HOUR Total Due: \$ 1785.- ✓

Employee Signature: Chavi Muniz Supervisor/Program Admin Signature: Sandra Southworth Date: 6/22/23
Susan Tracy Date: 6/23/23

Revised: April 2019

Certified Limited Contract - 2022-2023

I, CAROLINE HARDIN who works at HUNTERTOWN school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the ~~2022-23~~ School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Carole Hardin Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/6/23	6/7/23	6/8/23										
Hours	5.00	5.00	5.00										
Date	<u>CAH</u> 6/13/23	<u>CAH</u> 6/14/23	<u>CAH</u> 6/15/23										
Hours	5.00	5.00	5.00										
Date	<u>CAH</u> 6/20/23	<u>CAH</u> 6/21/23	<u>CAH</u> 6/22/23										
Hours	5.00	5.00	5.00										
Date													
Hours													

Total Days/Hours Completed: 30 Pay Rate: \$35 PER HOUR Total Due: \$ 1050.00 ✓

Employee Signature: Carole Hardin Supervisor/Program Admin Signature: Sandra Southworth Date: 6/22/23
Susan Tracy Date: 6/23/23 Revised: April 2019

Certified Limited Contract - 2022-2023

I, AEDIN HARPSTER who works at NORTHSIDE school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Aedin Harpster Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following portion as work is completed. Once all work is completed, complete Total section below. Sign and send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>AA</u> 6/6/23	<u>AA</u> 6/7/23	<u>AA</u> 6/8/23											
Hours	5.00	5.00	5.00											
Date	6/13/23	6/14/23	6/15/23											
Hours	5.00	5.00	5.00											
Date	6/20/23	6/21/23	6/22/23											
Hours	5.00	5.00	5.00											
Date														
Hours														

Total Days/Hours Completed: 25 Pay Rate: \$35 PER HOUR Total Due: \$ 1225.00 ✓

Employee Signature: Aedin Harpster Supervisor/Program Admin Signature: Sandra Southworth Date: 6/21/23
Susan Tracy Revised: April 2018 6/23/23

Certified Limited Contract - 2022-2023

I, MADISON HIRSCH who works at SOUTHSIDE school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>NAH</u> 6/6/23	<u>NAH</u> 6/7/23	<u>NAH</u> 6/8/23																	
Hours	5.00	5.00	5.00																	
Date	6/13/23	6/14/23	6/15/23																	
Hours	5.00	5.00	5.00																	
Date	6/20/23	6/21/23	6/22/23																	
Hours	5.00	5.00	5.00																	
Date	<u>6/5/23</u>																			
Hours	<u>6 NAH</u>																			

Total Days/Hours Completed: 21 Pay Rate: \$35 PER HOUR Total Due: \$735 ✓

Employee Signature: _____ Supervisor/Program Admin Signature: [Signature] Date: 6/23/23

Revised: April 2019
6/23/23

Certified Limited Contract - 2022-2023

I, KAMRY INGRAM who works at NORTHSIDE school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 (6 TRAINING DAY) Max. No. of Hours to be Worked: 51

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,785.00

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are **not assigned to you past the**

Employee Signature: Kamry Ingram Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>KPI</u> 6/6/23	<u>KPI</u> 6/7/23	<u>KPI</u> 6/8/23										
Hours	5.00	5.00	5.00										

Date	6/13/23	6/14/23	6/15/23										
Hours	5.00	5.00	5.00										

Date	<u>KPI</u> 6/20/23	<u>KPI</u> 6/21/23	<u>KPI</u> 6/22/23										
Hours	5.00	5.00	5.00										

Date	<u>6/5/23 - SUMMER SCHOOL TRAINING</u>												
Hours	<u>KPI</u> 6.00												

Total Days/Hours Completed: 30 Pay Rate: \$35 PER HOUR Total Due \$1260.00 ✓

Employee Signature: Kamry Ingram Supervisor/Program Admin Signature: Sandra Southworth Date: 6/22/23
Susan Tracy Date: 6/23/23

Certified Limited Contract - 2022-2023

I, LAURIE KEITH who works at HUNTERTOWN school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: AS 51⁶⁶

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00 - 41785.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Laurie Keith Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>JK</u> 6/6/23	<u>JK</u> 6/7/23	<u>JK</u> 6/8/23								
Hours	5.00	5.00	5.00								
Date	<u>JK</u> 6/13/23	<u>JK</u> 6/14/23	<u>JK</u> 6/15/23								
Hours	5.00	5.00	5.00								
Date	<u>JK</u> 6/20/23	<u>JK</u> 6/21/23	6/22/23								
Hours	5.00	5.00	5.00								
Date	<u>JK</u> 6/15/23										
Hours	6										

Total Days/Hours Completed: 46 Pay Rate: \$35 PER HOUR Total Due: \$1610.00 - ✓

Employee Signature: Laurie Keith Supervisor/Program Admin Signature: Sandra Southworth Date: 6/22/23
Susan Tracy Revised: 6/23/23

Certified Limited Contract - 2022-2023

I, DEBBIE KESEL who works at SIMMONS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Debbie Kesel Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>DK</u> 6/6/23	<u>DK</u> 6/7/23	<u>DK</u> 6/8/23								
Hours	5.00	5.00	5.00								
Date	<u>DK</u> 6/13/23	<u>DK</u> 6/14/23	<u>DK</u> 6/15/23								
Hours	5.00	5.00	5.00								
Date	6/20/23	6/21/23	6/22/23								
Hours	5.00	5.00	5.00								
Date	<u>6/15/23</u>	<u>DK</u>	<u>DK</u>								
Hours	<u>6.00</u>										

Total Days/Hours Completed: 34 Pay Rate: \$35 PER HOUR Total Due: \$1210.00 ✓

Employee Signature: Debbie Kesel Supervisor/Program Admin Signature: Lanaha Southworth
Susan Tracy Date: 6/23/23
Revised: April 2015

Certified Limited Contract - 2022-2023

I, ANNE BROOKS who works at NORTHSIDE school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 51

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,785.00

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: AB Brooks Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>AB</u> 6/6/23	<u>AB</u> 6/7/23	<u>AB</u> 6/8/23								
Hours	5.00	5.00	5.00								
Date	<u>AB</u> 6/13/23	<u>AB</u> 6/14/23	<u>AB</u> 6/15/23								
Hours	5.00	5.00	5.00								
Date	<u>AB</u> 6/20/23	<u>AB</u> 6/21/23	<u>AB</u> 6/22/23								
Hours	5.00	5.00	5.00								
Date	<u>6/5/23</u>										
Hours	<u>6</u>										

Total Days/Hours Completed: 51 Pay Rate: \$35 PER HOUR Total Due: \$1785.00

Employee Signature: AB Brooks Supervisor/Program Admin Signature: Sandra Southworth Date: 6/1/23
Susan Tracy Revised: April 2019 6/23/23

Certified Limited Contract - 2022-2023

I, DEBBIE BURDINE who works at NORTHSIDE school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 (6 TRAINING DAY) Max. No. of Hours to be Worked: 51

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,785.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the

Employee Signature: Debbie Burdine Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>DBB</u> 6/6/23	<u>DBB</u> 6/7/23	<u>DBB</u> 6/8/23									
Hours	5.00	5.00	5.00									
Date	<u>DBB</u> 6/13/23	<u>DBB</u> 6/14/23	<u>DBB</u> 6/15/23									
Hours	5.00	5.00	5.00									
Date	<u>DBB</u> 6/20/23	<u>DBB</u> 6/21/23	<u>DBB</u> 6/22/23									
Hours	5.00	5.00	5.00									
Date	<u>DBB</u> 6/5/23 - SUMMER SCHOOL TRAINING											
Hours	6.00											

Total Days/Hours Completed: 51 Pay Rate: \$35 PER HOUR Total Due \$1785 - ✓

Employee Signature: Debbie Burdine Supervisor/Program Admin Signature: Sandra Southworth Date: 6/22/23
Susan Tracy Date: 6/23/23

Revised: April 2019

Certified Limited Contract - 2022-2023

I, ERIKA CARTER who works at SOUTHSIDE school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the ~~2022-23~~ School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>6/6/23</u>	<u>6/7/23</u>	<u>6/8/23</u>																	
Hours	5.00	5.00	5.00																	
Date	6/13/23	6/14/23	6/15/23																	
Hours	5.00	5.00	5.00																	
Date	<u>6/20/23</u>	<u>6/21/23</u>	<u>6/22/23</u>																	
Hours	5.00	5.00	5.00																	
Date	<u>6/15/23</u>																			
Hours	6																			

Total Days/Hours Completed: 36 Pay Rate: \$35 PER HOUR Total Due: \$1260.00 ✓

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/23/23
 Date: 6/23/23
Revised: April 2019

Certified Limited Contract - 2022-2023

I, SARAH CONGLETON who works at HUNTERTOWN school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: *Sarah Congleton* Supervisor/Program Admin Signature: *Susan Tracy* Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Total section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/6/23	6/7/23	6/8/23										
Hours	5.00	5.00	5.00										
Date	6/13/23	6/14/23	6/15/23										
Hours	5.00	5.00	5.00										
Date	6/20/23	6/21/23	6/22/23										
Hours	SC 5.00	5.00	SC 5.00										
Date	6/5/23												
Hours	6 SC												

Total Days/Hours Completed: 21 Pay Rate: \$35 PER HOUR Total Due: \$ 735 ✓

Employee Signature: *Sarah Congleton* Supervisor/Program Admin Signature: *Landra Southworth* Date: 6/22/23
Susan Tracy Date: 6/23/23
Revised: April 2019

Certified Limited Contract - 2022-2023

I, KRISTIN COYLE who works at SOUTHSIDE school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 (6 TRAINING DAY) Max. No. of Hours to be Worked: 51

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,785.00

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the

Employee Signature: *Kristin Coyle* Supervisor/Program Admin Signature: *Susan Tracy* Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/6/23	6/7/23	6/8/23											
Hours	5.00	5.00	5.00											

Date	6/13/23	6/14/23	6/15/23											
Hours	5.00	5.00	5.00											

Date	6/20/23	6/21/23	6/22/23											
Hours	5.00	5.00	5.00											

Date	6/5/23 - SUMMER SCHOOL TRAINING													
Hours	6.00													

Total Days/Hours Completed: 31 Pay Rate: \$35 PER HOUR Total Due: 1085.00

Employee Signature: *Kristin Coyle* Supervisor/Program Admin Signature: *Jamcha Southworth* Date: 6/22/23
Susan Tracy Date: 6/23/23

Certified Limited Contract - 2022-2023

I, KIMMY DAMRON who works at SIMMONS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45 51 50

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00 \$1785.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>VO</u> 6/6/23	<u>VO</u> 6/7/23	<u>VO</u> 6/8/23										
Hours	5.00	5.00	5.00										
Date	<u>VO</u> 6/13/23	<u>VO</u> 6/14/23	<u>VO</u> 6/15/23										
Hours	5.00	5.00	5.00										
Date	<u>VO</u> 6/20/23	<u>VO</u> 6/21/23	<u>VO</u> 6/22/23										
Hours	5.00	5.00	5.00										
Date	<u>VO</u> 6/5/23												
Hours	6												

Total Days/Hours Completed: 51 Pay Rate: \$35 PER HOUR Total Due: \$1785.00 ✓

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/23/23
Revised: April 2014

Certified Limited Contract - 2022-2023

I, SABRINA DEARINGER who works at WCMS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 8 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 40

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,400.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: [Signature] Supervisor/Program Admin Signature: Susan Tray Date: 6/6/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/7/23	6/8/23																		
Hours	5.00	5.00																		
Date	6/13/23	6/14/23	6/15/23																	
Hours	5.00	5.00	5.00																	
Date	6/20/23	6/21/23	6/22/23																	
Hours	5.00	5.00	5.00																	
Date																				
Hours																				

Total Days/Hours Completed: 5 Pay Rate: \$35 PER HOUR Total Due: \$ 175 ✓

Employee Signature: [Signature] Supervisor/Program Admin Signature: Sandra Southworth Date: 6/22/23
[Signature] Susan Tray Date: 6/23/23 Revised: April 2019

Certified Limited Contract - 2022-2023

I, AMANDA DOWELL who works at NORTHSIDE school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 8 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 40

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,400.00

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the

Employee Signature: Amanda Dowell Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date													
	<u>AD</u>												
	<u>6/7/23</u>	<u>6/8/23</u>											
Hours	5.00	5.00											
Date	<u>6/13/23</u>	<u>6/14/23</u>	<u>6/15/23</u>										
Hours	5.00	5.00	5.00										
Date	<u>6/20/23</u>	<u>6/21/23</u>	<u>6/22/23</u>										
Hours	5.00	5.00	5.00										
Date													
Hours													

Total Days/Hours Completed: 5 Pay Rate: \$35 PER HOUR Total Due \$ 175 ✓

Employee Signature: Amanda Dowell Supervisor/Program Admin Signature: Landra Johnson Date: 6/22/23
Susan Tracy Date: 6/23/23
Revised: April 2019

Certified Limited Contract - 2022-2023

I, FAITH DUKE who works at SIMMONS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00

I acknowledge that these duties are **distinct and separate from my normal employment responsibilities**, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Faith Duke Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	6/6/23	6/7/23	6/8/23																	
Hours	5.00	5.00	5.00																	
Date	FD 6/13/23	FD 6/14/23	FD 6/15/23																	
Hours	5.00	5.00	5.00																	
Date	FD 6/20/23	FD 6/21/23	FD 6/22/23																	
Hours	5.00	5.00	5.00																	
Date																				
Hours																				

Total Days/Hours Completed: 30 Pay Rate: \$35 PER HOUR Total Due: \$1050.00 ✓

Employee Signature: Faith Duke Supervisor/Program Admin Signature: Andrea Southworth Date: 6/22/23
Susan Tracy Revised: April 2016 6/23/23

Certified Limited Contract - 2022-2023

I, SAMANTHA FRANKS GROCE who works at HUNTERTOWN school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,575.00

I acknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be added to the next available regular pay date. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee Signature: Samantha Groce Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and scan/send original to Dana Christian so she can process for payment. Thank you!

Employee/Administrator Certification:

I hereby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:

Date	<u>SG</u> 6/6/23	<u>SG</u> 6/7/23	<u>SG</u> 6/8/23																
Hours	5.00	5.00	5.00																
Date	<u>SG</u> 6/13/23	6/14/23	6/15/23																
Hours	5.00	5.00	5.00																
Date	6/20/23	6/21/23	6/22/23																
Hours	5.00	5.00	5.00																
Date	<u>SG</u> 6/5/23																		
Hours	6 hr																		

Total Days/Hours Completed: 26 Pay Rate: \$35 PER HOUR Total Due: \$910.- ✓

Employee Signature: Samantha Groce Supervisor/Program Admin Signature: Susan Tracy Date: 6/23/23
Revised: April 2018