	i,Ji	ILL HALL		who works at	SOUTHS	IDE school, do	hereby contract	with the Woodfor	d County Boa	ard of Ed.
-7	to perform the	e following:	services for th	ne 2022 -	23 School Year or	nly:				
Program:	JUNE 2023 E	LEM SUM	MER SCHOOL	L PROGRAM	Positio	on/Type of Service:	TEACHER			
Date(s) to	be Worked:	JUNE 202	23 - UP TO	9 DAYS TOTA	L	MUNIS Code:	0001767 013	13 120X		
Max. No. o	of Hours Per Day:	,	5	Max. N	o. of Hours to be V	Vorked:	45			
Rate of Pa	y: \$35 PER	HOUR	Total Anticipa	ated Compensati	on Not to Exceed:	\$1,57	75.00			
that paym	ent will be proces	sed through	n payroll at th	e completion of	the program, unles	t responsibilities, and smutually agreed of	therwise, with n	ormal tax withhold	lings as requ	ired by
						bookkeeping will be the current school		S A	iai pay date.	ruisuant
Employee	Signature:	You	Jul 7	7	isor/Program Admi		SWA	M Jau	Date:_	5/31/23
,_,	Comp					ork is completed, can process for pay			D/	
	e/Administrator ertify that the fol			work/attendand	ce as designated al	ove, have been sa	tisfactorily comp	leted:		
Date	6/6/23	8/7/23	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	94- 16/21/23) 16/22/23							
Hours	5.00	5.00	5.00							
Date										
Hours										
Total Days	s/Hours Complete	ed:	30) Pay Ra	te: \$35 PER H	OUR Total Due:	\$ 1050	-/		
Employee	Signature:	Con	Ji	Halsupen	risor/Program Adm	in Signature:	andral Susan	Train	Date:	1/23/25
								0		

ŀ	·	ATHER MOFF		who works at	northside	_school, do	hereby contract w	vith the Woodford	Lounty Board	OT EQ.
	to perform	the following	services for the	2022-23 30						
Program:	JUNE 2023	ELEMENTAR	Y SUMMER SCHOO	OL PROGRAM	Position/Typ	e of Service:	ELEMENTARY CO	-COORDINATOR		
Date(s) to b	e Worked:	MARCH-JU	NE 2023		N	IUNIS Code:	0001767 0113 12	20X		
Max. No. of	f Hours Per Da	y:	N/A	Max. No. of H	lours to be Worked	:	72.5			
Rate of Pay:	:\$35.00 F	PER HOUR	_Total Anticipated	Compensation Not	t to Exceed:	\$2,53	37.50 LUMI	SUM PAYMENT		
that payme law. I furth	nt will be proc er understand	essed through that all fully	gh payroll at the co completed and sig	te from my normal ompletion of the pro gned reporting form	ogram, unless mutu is received in bookl	ally agreed o ceeping will b	therwise, with no e added to the ne	rmal tax withholdir	gs as require	d by
to KRS 161. Employee S	ignature:	That	hille	v	rogram Admin Signa	ature:	Swem	Jan	Date: <u>5</u>	25/2
	Con	nplete the fo		work is completed riginal to Dana Chri						
	/Administrate			ork/attendance as d	esignated above, h	ave been sat	isfactorily comple	eted:		
Date										
Hours										
Date										
Hours										
Date										
Hours										
Date										
Hours										
	/Hours Comple	eted:	72.5	Pay Rate:	\$35.00 PER HOUR	_	\$2,537.50	LUMP SUM	PAYMENT	1260
Employee S	Signature:	Apox	WY HIL	Supervisor/P	rogram Admin Sign	ature:		RUM	Date: U evised: April 2019	aspys

	to perform th	r SOUTHWO		who works and a 2022	School Y	MMONS ear only:	_school, do	hereby cor	ntract with the	Woodford Co	ounty Boai	rd of Ed.
Program:	JUNE 2023 EL	EMENTAR	SUMMER SC	HOOL PROGRAM	<u>/ </u>	Position/Type	of Service:	ELEMENT	ARY CO-COOR	DINATOR		
Date(s) to b	oe Worked:	MARCH-JUI	NE 2023			M	UNIS Code:	0001767	0113 120X			
Max. No. o	f Hours Per Day:		N/A	Max.	No. of Hours to	o be Worked:		72.5	5_			
Rate of Pay	: \$35.00 PE	R HOUR	Total Anticip	ated Compensat	ion Not to Exc	eed:	\$2,5	37.50	LUMP SUM F	PAYMENT		
that payme law. I furth		ssed through that all fully ereby notific	h payroll at the completed and that these	ne completion of d signed reporti duties are not a	the program, ng forms recei ssigned to you visor/Program	unless mutua ved in bookk I past the cur Admin Signa	ally agreed of eeping will be rent school ture:	otherwise, we added to year.	with normal tax the next avail	x withholding	s as requi	red by
	Comp	lete the fo		n as work is con nd original to Da				4.4		elów, sign,		
	/Administrator			f work/attendar	ce as designa	ted above, ha	ave been sa	tisfactorily	completed:			
Date										A		
Hours												
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Hours												
Date						4						
Hours												
Date												
Hours												
	/Hours Complete			Pay R		D PER HOUR Admin Signa		\$2,5	i37.50 L	UMP SUM PA	AYMENT Date:	13123
	1-0.		/	•						O Rev	ised: April 201	19

	i,i	KELI BACH	(who wor	rks at	SOUT	HSIDE	school, d	o hereby co	ntract wit	th the Woo	odford Cou	nty Board of	f Ed.
	to perform	the followi	ng services	for the	2022-23	School Ye								
Program:	JUNE 202	3 ELEM SU	MMER SC	HOOL PE	ROGRAM	_ Posit	ion/Type	of Service:	TEACHE	R				
Date(s) to	be Worked:	JUNE 2	023 - UP	TO 9 D	AYS TOT	AL	MU	JNIS Code:	000176	7 0113 1	120X			
Max. No. o	of Hours Per [oay: 5 (6 T	RAINING	G DAY)	Max. No.	of Hours t	o be Worl	ked:	51					
Rate of Pay	/: \$35 PE	R HOUR	_Total Anti	icipated C	ompensati	on Not to E	exceed:	\$1,78	35.00					
guidelines. normal tax		the followi	ent will be d by law. I pay date. I	processed further ur Pursuant t	d through proderstand to KRS,161	payroll at the chat all fully .760, you a ser/Program	he complete y complete ire hereby n Admin Si n Admin Si	etion of the ed and sign notified the gnature: (program, used repositir harthese d	inless mutage forms ruties are in the same	tually agre eceived in not assign	ed otherw bookkeepi ed to you p Date:	ise, with ng will be	
		and	scan/send	original t	o Dana Ch	ristian so s	he can pr	ocess for p	ayment. T	hank youl	<u> </u>	#4 1 1 1 1 W		
Employee	/Administra	tor Certific	cation:											
	ertify that the			ours of wo	ork/attend	ance as de	signated a	above, hav	e been sati	sfactorily	completed	d:		
Date	6/6/2	8 6/7/28	6/8/23											
Hours	5.00	5.00	5.00											
(T										
Date	6/13/2	8 6/14/23	6/15/23											
Hours	5.00	5.00	5.00											
Date	KB 6/20/2	KB 6/21/23	KB 6/22/23										1	
Hours	5.00	5.00	5.00											
Date	KB 6/5/23 - SL	JMMER SCH	OOL TRAIN	IING										
Hours	6.00)												
Total Days/	Hours Compl	eted:	21		_Pay Rate:	\$35 PEF	R HOUR	_Total Due	s 135) _ %	/			
Employee S	Signature:	Keli	68	Dock	Superviso	or/Program	Admin Si	gnature	undre	100	thuset	Date:	6/23	3 23
								10	W WV	11 4	0	ed: April	2019	100

MUNIS Code: 0001767 0113 120X No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 5 of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$175.00 nowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different elines. I understand that all your more than dispendence from from received in bookkeeping will be do 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 double of 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 lower signature: Supervisor/Program Admin Signature: July paste: \$/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! loyee/Administrator Certification: eby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed: S 5.00 Days/Hours Completed: Payment Total Due S 775 V		CLAY" BISHER who w	A A CONTRACTOR OF THE STATE OF	VCMS school, d	lo hereby contract with	n the Woodford County Board o	f Ed.
MUNIS Code: 0001767 0113 120X No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 5 of Pay: \$35 PER HOUR	to perform t	he following services for the	2022-23 School	Year only:			
Max. No. of Hours Per Day: Sas PER HOUR	rogram: JUNE 2023	ELEM SUMMER SCHOOL I	PROGRAM Po	sition/Type of Service:	TEACHER		
of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$175.00 nowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different ellines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with hall tax withholdings as required by law. If urther understand that all fully completed and signed reporting forms received in bookkeeping will be do 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 loyee Signature: Supervisor/Program Admin Signature: Supervisor/Program Admin Signature: 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! loyee/Administrator Certification: bely certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed: Supervisor/Program Admin Signature: Supervisor/Program Admin	ate(s) to be Worked:	6/22/2023	<u> </u>	MUNIS Code:	0001767 0113 1	20X	
nowledge that those duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different elines. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with hall tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be do 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 loyee Signature: Supervisor/Program Admin Signature: 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! loyee/Administrator Certification: eby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed: S S S S S S S S S S S S P P	ax. No. of Hours Per Da	y: 5	Max. No. of Hour	s to be Worked:	5		
Ellines. Junderstand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with all taw withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be ed 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 loyee Signature: Supervisor/Program Admin Signature: Supervi	te of Pay: \$35 PER	HOUR Total Anticipated	Compensation Not to	Exceed: \$17	5.00		
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! loyee/Administrator Certification:	iidelines. I understand t irmal tax withholdings a	that payment will be process is required by law. I further t	ed through payroll at understand that all fu	the completion of the ally completed and sign	program, unless mutu ned reporting forms re	ually agreed otherwise, with ceived in bookkeeping will be	
and scan/send original to Dana Christian so she can process for payment. Thank you! loyee/Administrator Certification:	nployee Signature:	My Bin	Supervisor/Progra	am Admin Signature:	XWan J	laly pate: 5/31/23	
loyee/Administrator Certification: eby certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed:	Complete th	<i>ပြ</i> ne following section as work	is completed. Once	e all work is completed	d, complete Totals sec	tion below, sign,	
s State of the complete of th			to Dana Christian so	she can process for p	ayment. Thank you!		
5			ork/attendance as c	designated above, hav	e been satisfactorily c	ompleted:	
5	ite						
S Solution State Sas PER HOUR Total Due S 175	urs						
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Days/Hours Completed: 5 Pay Rate: \$35 PER HOUR Total Due \$ 175-	te						
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oyee Signature: Land Binature: January Supervisor/Program Admin Signature: January Supervisor/Program Admin Si	tal Days/Hours Complete	ed: <u>5</u>	_ Pay Rate: \$35 P	ER HOUR Total Due	\$ 175		
Susan July 23/	płoyee Signature:	Can fin	Supervisor/Progra	m Admin Signature:	Jandra In	uthwith bate: 622	12:
		0		/	susan	Tracky 201/2	3/

.,			ng services for the	"III), "Line Line on Administ			school, d	o nereby (contract w	vith the W	oodford Cou	inty Board (
Program:	JUNE 2023	ELEM SU	MMER SCHOOL	PROGRAM	Positio	on/Type of	Service:	TEACH	ER			
Date(s) to b	e Worked:	JUNE 2	023 - UP TO 9	DAYS TOTA	L	MUN	IIS Code:	000176	57 0113	120X		
Max. No. of	f Hours Per Da	ay: 5 (6 T	RAINING DAY	Max. No.	of Hours to	be Worke	d:	51	_			
Rate of Pay	:_\$35 PER	HOUR	_Total Anticipated	Compensation	n Not to Ex	xceed:	\$1,78	35.00	_		*	
uidelines. ormal tax	I understand withholdings he next availab ignature:	that paymones required	distinct and sepa ent will/be process by law // further bay date. Pursuan	ed through p understand th t to KRS 161 Superviso	ayroll at the nat all fully 760, you ar r/Program	e completi completed re hereby r Admin Sign	on of the dand sign notified the nature:	program, ed report nat these	unless ming forms duties are	utually ag received i e not assig	reed otherw in bookkeep gned to you Date:	ise, with
		and	ng section as work scan/send origina	il to Dana Chr	istian so sh	ne can pro	ompieted cess for p	i, complet ayment.	te Iotals s Thank you	u!	low, sign,	
	/Administrat		cation: ervices/hours of v	work fattende		باء ادماد سدة	b		.:. f i _:!.			
)ate	1			work/attenda	nce as des	ignated ac	ove, nave	e been sa	listactorii	y complet	ed:	
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ate	6/108/23	6/14/23	6/15/23									
lours	\$ 00	13.00	100						U, S			
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ours •	6.00	niyiek 3CH	DOLTRAINING									
otal Days/H	lours Comple	ted:	Ble	Pay Rate:	\$35 PER	HOUR 1	Total Due	\$1210	0	/		
mployee Si	gnature:			Supervisor	/Program A	Admin Sigr	nature:	cincle SW	a Sir	nthuic Tu	Date:	6/2019 6/2

	I, ALLISON	WESTCOTT	#13373	who works at	VVCIVIS	school, do	hereby cont	ract with the Wo	odford County	Board of Ed.
	to perform th	ne following	services for th	e 2022-2	School Year on	ly:				
gram:	JUNE 2023 5	SUMMER S	CHOOL PROG	RAM	Position	/Type of Service:	TEACHER	<u> </u>		
:e(s) to b	oe Worked:	JUNE 20	23 - UP TO	9 DAYS TOTA	ıL	MUNIS Code:	0852158	-0113-15FJ		
. No. of	f Hours Per Day:		5	Max. No	o. of Hours to be W	/orked:	45			
of Pay	\$35 PER	HOUR	Total Anticipa	ted Compensatio	on Not to Exceed:	\$1,5	75.00			
erstand	that payment v	vill be proce	ssed through p	payroll at the cor	ormal employmen inpletion of the pro ned reporting form	ogram, unless mu	tually agreed	l otherwise, with	normal tax with	holdings as
					uties are not assig				HEAL AVAILABLE	regular pay
oyee S	Signature:	flin	Westea	I Supervis	or/Program Admi	n Signature:	MA	m Iran	Date:	6/5/23
	Comple			The state of the s	eted. Once all wo				w, sign,	
				original to Dana	Christian so she ca	an process for pa	iyinent. Thai	ik your		
	Administrator			work/attendand	ce as designated a	bove, have been	satisfactorily	y completed:		
		}								
	6/6/23		6/8/23							
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	6/13/23	1	6/15/23							
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	6/20/23	6/21/23	6/22/23							
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l Days/	Hours Complete	ed:	40 h	75. Pay Rate	e: \$35 PER HO	UR Total Due	\$ 140	0.00 /		
		10:	11 4	1			0. 1	1		, 20
oyee S	Signature: 2	Ven	With	Supervis	sor/Program Admi	n Signature:	MWSEN	nJai	Date:	4-22
								(Revised: April	2019

	to perform th		K #13410	who works at	WCMS School Year only:	school, do	hereby contract	with the Woodf	ord County B	pard of Ed.
Program:		_	CHOOL PROGRA	<u></u>		pe of Service:	TEACHER			
0						pe 01 001 11001				
Date(s) to I	be Worked:	JUNE 20	23 - UP TO 9	DAYS TOTAL		MUNIS Code:	0852158-013	L3-15FJ		
Max. No. o	f Hours Per Day:		5	Max. No. o	f Hours to be Work	ed:	45			
Rate of Pay	/: \$35 PER	HOUR	Total Anticipated	d Compensation	Not to Exceed:	\$1,57	75.00			
understand required by	d that payment w y law. I further u uant to KRS 161.	vill be proce nderstand t 760, you ar	essed through pay that all fully comp e hereby notified	roll at the comp pleted and signed I that these dution	nal employment re letion of the progra I reporting forms re es are not assigned	m, unless mu ceived in boo to you past t	tually agreed oth kkeeping will be	erwise, with nor added to the ne	mal tax withh	oldings as
Employee S	Signature:	Mought	authealli	Supervisor,	/Program Admin Sig	gnature:	DUAM	Maly	Date:	6/5/23
	Comple				d. Once all work i ristian so she can p				ilgn,	;_,_
	/Administrator ertify that the fol			ork/attendance a	as designated abov	e, have been	satisfactorily con	npleted:		
Date	6/6/23	6/7/23	6/8/23							
Hours	WV 5.00	5.00	5.00							
Date	6/13/23	6/14/23	6/15/23							
Hours	W 5.00	W.J. 5.00	W2.4							
Date	6/20/23	6/21/23	6/22/23							
Hours	WU5.00	WD.H 5.00	WIX 5.00							
Date										
Hours										
Total Days/	'Hours Complete	d:	35 hou	VS Pay Rate:	\$35 PER HOUR	Total Due:	\$1225.1	<u>vo</u> /		
Employee S	Signature:	Mary	YML HOLD	<u> </u>	\$35 PER HOUR /Program Admin Sig	gnature:	Swan I	rang	Date: _	10/22/23
								\mathcal{O}	Revised: April 20	19

9		DEARINGEI	R #13718 wh	2022-23	WCMS School Year only:	_school, do	hereby cor	ntract with the	Woodford C	ounty Boa	ird of Ed.
ogram:	JUNE 2023	SUMMER S	SCHOOL PROGRAM		Position/Typ	e of Service:	TEACHE	R			
te(s) to b	e Worked:	JUNE 20)23 - UP TO 9 D	AYS TOTAL	N	1UNIS Code:	0852158	3-0113-15FJ			
x. No. of	Hours Per Day	r:	5	Max. No. of	Hours to be Worke	d:	45				
te of Pay:	\$35 PEF	RHOUR	_Total Anticipated (Compensation N	ot to Exceed:	\$1,5	75.00	•			
derstand uired by e. Pursu a	that payment law. I further	will be procuunderstand 760, you ar	stinct and separate essed through payro that all fully comple re hereby notified t	oll at the comple eted and signed hat these duties	etion of the progran reporting forms rec s are not assigned t	n, unless mu eived in boo o you past t	tually agree kkeeping w	d otherwise, w ill be added to	ith normal t	ax withho	ldings as
			owing section as wo				Complete T	otals section b		Date:	0/3/23
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	Administrato		ion: vices/hours of worl	c/attendance as	s designated above	, have been	satisfactori	ly completed:			
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ars	SV 5.00	5.00	5.00								
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al Days/F	lours Complet	ed:	10 howrs	Pay Rate:	\$35 PER HOUR	Total Due:	\$350	.00 V	/		
ployee Si	gnature:	Salm	10 hours an)enige	Supervisor/F	Program Admin Sigr	nature:	Sus	an I	au	Date: 🕼	22/2
			, , ,			•	100			ed: April 2019	

		OR BAKER #:	13317 g services for th	who works at		CMS	school, do	hereby co	ntract with the Wood	ford County B	oard of Ed.
	to periorm	the following	s services for th	2022-	School Yea	ar only:					
Program:	JUNE 2023	SUMMER SO	HOOL PROGRA	M	Pos	sition/Type	of Service:	MIDDLE S	CHOOL COORDINATO	DR	
Date(s) to	be Worked:	MARCH-JU	NE 2023			_ MU	JNIS Code:	0852158-	0113-15FJ		
Max. No. o	of Hours Per Da	y:	N/A	Max. N	o. of Hours to	be Worked:	:	72.5	5		
Rate of Pa	y: \$35.00 I	PER HOUR	_Total Anticipa	ted Compensati	on Not to Exce	eed:	\$2,53	37.50	LUMP SUM PAYME	NT	
understand required b	d that payment y law. I further uant to KRS 16	t will be proc r understand	essed through that all fully co	payroll at the co mpleted and sig ied that these d	mpletion of the	ne program, forms rece assigned to	unless mu ived in boo you past t	tually agree kkeeping v	1000 1	rmal tax with	holdings as egular pay
Employee								/ 00/ 9		Λ	
	Comp			is work is comp original to Dana					Fotals section below, ank youl	sign,	
	e/Administrat			work/attendan	ce as designa	ted above, l	have been	satisfactor	ily completed:		
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Hours											
Total Days	/Hours Comple		72.5		e: \$35.00 F			\$2,5	1	IM PAYMENT	
Employee	Signature:	lay	or Bakı	Supervi	isor/Program /	Admin Signa	ature:	XW	an hai	Date:	<u>u[22 23</u>

Classified Limited Contract - 2022-2023

I,	EMILY WILEY	who works at	SIMMONS	school, do	hereby contract with the Woodford County Board of Ed.
	to perform the following sea	rvices for the 2022-2023 S	School Year only:		
Program:	JUNE 2023 ELEMENTARY SU	MMER SCHOOL	Position/Type of	Service:	INSTRUCTOR - JOB CODE 7312158
Date(s) to be	Worked: JUNE 2023 - UF	TO 6 DAYS TOTAL AS NE	EEDED MUN	IIS Code:	0001767 0131 120X
Max. No. of H	lours Per Day: 5	Max. No. of	Hours to be Worked:		UP TO 30
Rate of Pay:	\$25 PER HOUR Total	Anticipated Compensation I	Not to Exceed:	\$750	0.00
understand thas required by	nat payment will be processed y law. I further understand th	d through payroll at the con nat all fully completed and s	npletion of the progra igned reporting forms	m, unless received	ties, and therefore, subject to different guidelines. I mutually agreed otherwise, with normal tax withholdings in bookkeeping will be added to the next available regular u past the current school year.
Employee Sign	nature: Emily (Supervisor/	Program Admin Signa	ture:	MUSAM Siary Date: 7/13/23

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.

'/ .		NAH SAN	CHEZ services for the	who works at	SIMMONS School Year only:	school, do	hereby contr	act with the	Woodford	County Be	oard of Ed.
				1.1 State of Contraction Control			TEACUED				
rogram:	JUNE 2023	ELEINI SUIVI	MER SCHOOL	PROGRAM	Position/Typ	e of Service:	TEACHER				
ate(s) to be	Worked:	JUNE 20	23 - UP TO 9	DAYS TOTAL		MUNIS Code:	0001767	0113 120	X		
ax. No. of H	lours Per Day	:	5	Max. No.	of Hours to be Worked	d:	45				
te of Pay: .	\$35 PER	HOUR	Total Anticipat	ted Compensation	Not to Exceed:	\$1,57	75.00				
at payment w. I further	will be proce understand t	ssed throug hat all fully	h payroll at the completed and	completion of the signed reporting for	program, unless muti program, unless muti prms received in book	aally agreed o keeping will b	therwise, wit	h normal ta:	withholdi	ngs as req	uired by
nployee Sigr		Me	July	1	ned to you past the cu		Susa	nla	ag .	Date:	5/31/23
	Com				ted. Once all work is bristian so she can pr				elow, sign		
	dministrato fy that the fo			vork/attendance a	s designated above, l	nave been sat	isfactorily co	mnleted:			
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ployee Sign	nature:	N. O.	0//	Supervisor	/Program Admin Sign:	ature: XI	N YVCX / L	A XO	MINH	Date:	1000

Certified Limited Contract - 2022-2023
I, DEBBIE SPEARS who works at SOUTHSIDE school, do hereby contract with the Woodford County Board of Ed.
to perform the following services for the 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 60 60 60 60 60 60 60 60 60 60 60 60 60
Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed:
l 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: 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
Hours 5.00 5.00 5.00 5.00
Date Date
Hours 5.00 5.00 5.00 5.00
Date 6/20/23 6/22/23 6/22/28
Hours 5.00 5.00 5.00
Date 45123
Hours We
Total Days/Hours Completed: Pay Rate: \$35 PER HOUR Total Due: \$ 1185 - Employee Signature: Signature: Super Signature:
/1000011 July 10 J

		TCHEN SMI		• (works at	HUNTE				ntract with t	ne Woodfor	rd County Bo	oard of Ed.
	to perform th	e following	services for	the	2022-23	School Yea	ir only:						
Program:	JUNE 2023 E	LEM SUMI	MER SCHOO	OL PROGE	RAM	_ Po	sition/Type	e of Service:	TEACHE	R			
Date(s) to b	oe Worked:	JUNE 20	23 - UP TO	0 9 DAY	S TOTAL		_ N		-	7 0113 12	7	N.	
Max. No. of	f Hours Per Day:		5		Max. No. o	of Hours to b	e Worked	í		5 151 85	50	A	
Rate of Pay	\$35 PER	HOUR	Total Antici	pated Con	npensation I	Not to Excee	ed:	\$1.5	75.00	\$1185	· 8t		
that payme law. I furth	dge that these do ent will be proces er understand the 760, you are her signature:	ssed through nat all fully o	h payroll at completed a	the comple and signed	etion of the reporting fo e not assign	program, ur orms receive	nless mutua d in bookk ast the cur	nsibilities, a ally agreed o eeping will l rent school	nd therefor otherwise, v oe added to	e, subject to with normal	different g tax withhole	uidelines. I dings as req	uired by
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	/Administrator	Certificati	оп:	Solido A Collegia Carallella Carallella Carallella Carallella Carallella Carallella Carallella Carallella Cara	eliuserianus (elitris) per estare etare.	af dikanar terre ramahadkan iskan kudi	ida -e Vurida dining kathata	esta di Silar derica esta i Professo.	Table by other Enthered Market Bereit.	etantika v pistora v rezestika ti			
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Total Days/H	Hours Completed	d:	র।		_Pay Rate:	\$35 PEF	RHOUR	_Total Due:	\$ 175	85.			
Employee Si	ignature: હ્	I) Ju	a Sui	R	_Supervisor	/Program Ad	dmin Signa	ture:	ndru Wev	Jayy n In	nuntl	Date:	6/23/23

1	I, A	BBEY STEPI	P	who works at	SIMMONS	school, do	hereby contract with the \	Woodford County Bo	ard of Ed.
(· ———		services for the	1910 to be provinced a company of the company of th	School Year only:		norday dank dec man are	resulting country so	u. u o, cu.
Program:	JUNE 2023	ELEM SUM	MER SCHOOL P	ROGRAM	Position/Ty	pe of Service:	TEACHER		
Date(s) to	be Worked:	JUNE 20	23 - UP TO 9	DAYS TOTAL			0001767 0113 120X		
Max. No. (of Hours Per Day		5	Max. No.	of Hours to be Worke	d:	<u></u>	24	
Rate of Pa	y: \$35 PEF	HOUR	Total Anticipate	d Compensation	Not to Exceed:	\$1,5	75.00 40 1785 B	10)	
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imp l oyee	Signature:	ahlu	uz Stycz	> Supervisor	r/Program Admin Sigr	ature:	Millem In	Out Date:	5/31/23
	Com	plete the fol	lowing section a	s work is comple		completed,	complete Totals section be ment. Thank you!	low, sign	
	e/Administrato			nrk/attendance a	s designated above	nave heen sat	tisfactorily completed:		
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mployee	Signature:	ali	Lerst	KW Supervisor	/Program Admin Sign	ature:	gndra Jouly	NATSAM Date:	0/22/12
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								8 '	John

Certified	Limited	Contract -	2022-2023
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Ī						NORTH School Yea	HSIDE or only:	school, d	o hereby co	ntract wi	th the Wo	odford Cou	inty Board o	of Ed.
Program:	JUNE 2023	ELEM SU	MMER SCI	HOOL PRO	GRAM	Positio	on/Type of	f Service:	TEACHE	R				_
Date(s) to	be Worked:	JUNE 2	023 - UP	TO 9 DA	YS TOTA	L	MUN	NIS Code:	0001767	0113	L20X			_
Max. No. o	to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0001767 0113 120X Munic Per Day: 5 (6 TRAINING DAY) Max. No. of Hours to be Worked: 51 Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,785.00 Weldge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different ness. I understand that payment will be processed through payroll at the completion of the program, unless mutually agreed otherwise, with the tax withholdings are required by Law. I further understand that all fully completed and signed reporting froms received in bookkeeping will be 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 vice Signature: Supervisor/Program Admin Signature: 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! yee/Administrator Certification: y certify that the following services/hours of work/attendance as designated above, have been satisfactorily completed: 6/6/23 6/7/23 6/8/23 5.00 5.00 5.00 5.00 5.00 5.00 5.00 6/5/23-SUMMER SCHOOL TRAINING													
Rate of Pay	to perform the following services for the 2022-23 School Year only: gram: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM Position/Type of Service: TEACHER ### MUNIS Code: 0001767 0113 120X ### MUNIS Code: 010313 120X ### MUNIS Code: 0001767 0113 120X ### MUNIS Code: 010313													
guidelines. normal tax	I understand withholdings	that payme as required	ent will be possible to the possible of the po	processed turther und	through pa erstand th	ayroll at the	e completi completed	ion of the	program, u ed reportin	nless mut	tually agre	ed otherw bookkeep	ise, with ing will be	
Employee S	Signature:	1	of	<u>~</u>	Supervisor	r/Program A	Admin Sig	nature: ्	Xusa	Ms	Nav	Date:	5/31/23	<u>_</u>
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Hours	6.00											,		
Total Days/!	Hours Comple	ted:	20	1	ay Rate: _	\$35 PER I			\$ 1000			³⁰ g	. L.V. V .	M · Trans
Employee S	ignature:	1	a//	<u></u>	upervisor	/Program A	Admin Sigr	nature:	maro	SIN	hour	Date:	166/0)	3102
									MARN	n d	aun	Revised: April	2019	29/23

ram: <u>J</u>	JNE 2023 E	LEIVI SUMI	MER SCHOOL PI	RUGKAM	P	osition/Type	of Service:	TEACHER	<u> </u>			-
s) to be W	orked:	JUNE 20	23 - UP TO 9	DAYS TOTAL	_	_ M	UNIS Code:	0001767	0113 12	OX		
No. of Hot	ırs Per Day:	le	5	Max. No.	of Hours to	be Worked:		45				
f Pay:	\$35 PER	HOUR	Total Anticipated	d Compensation	Not to Exce	ed:	\$1,5	75.00				
ayment w further ui	ill be proces nderstand th you are her	sed through at all fully of eby notifie	tinct and separa h payroll at the completed and si d that these duti	ompletion of the gned reporting ies are not assig	e program, u forms receiv	nless mutua ed in bookke past the cur	lly agreed of eeping will b rent school	otherwise, wi	th normal t	ax withhold	ings as requ	ired by
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	ninistrator that the foll		on: ices/hours of wo	ork/attendance	as designate	d above, ha	ve been sa	tisfactorily c	ompleted:			
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1	, LIZ	WILLIAN	1S	who works at	SIMMONS	school, do	hereby contr	act with the Wood	Iford County Boa	rd of Ed.
1	to perform t	he following	services for the	2022-23	School Year only:		, , , , , , , , , , , , , , , , , , , ,			
rogram:	JUNE 2023	ELEM SUM	MER SCHOOL	PROGRAM	Position/Ty	pe of Service:	TEACHER			
ate(s) to b	e Worked:	JUNE 20)23 - UP TO 9	DAYS TOTAL		MUNIS Code:	0001767	0113 120X		
lax. No. of	Hours Per Day	:	5	Max. No. o	of Hours to be Worke	d:	45			
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acknowled	ge that these d	luties are di	stinct and separ	rate from my norm	aal employment respondent respondent	onsibilities, ar	nd therefore,	subject to differen	t guidelines. Tur	iderstand
w. I furthe	er understand t	that all fully	completed and	signed reporting for	rms received in book	keeping will b	e added to th	ne next available re	gular pay date. F	ed by Pursuant
KRS 161.7	760, you are ht	ereby notific	ed that these di	ties are not assign	ed to you past the cu	rrent school	year?	l		
mployee Si	gnature:	1/x	Mul	Supervisor	/Program Admin Sigr	ature:	XWA	an Su	My Date:_	5/31/23
	Com				ed. Once all work is				sign,	
			and scan/send	original to Dana C	hristien so she can p	ocess for pay	ment. Thank	iyoe!		
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nployee Sig	gnature:	My	A J	ــــ Supervisor,	/Program Admin Sign	ature:	arkm	Santy	Wh Date: W	JE (80)
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	i, SHi	ERRY YOUN	√G	who w	orks at	HUNTE	RTOWN	school, do	hereby contra	ct with the	Woodford (County Box	ard of Ed.
1	to perform th	ne following	services for	the	2022-23	School Yea	r only:						
Program:	JUNE 2023 I	ELEM SUM	MER SCHOO	DL PROGRA	AM	Po	sition/Type	of Service:	TEACHER				
Date(s) to b	e Worked:	JUNE 20	23 - UP TO	9 DAYS	TOTAL		М	UNIS Code:	0001767 0	113 120X			
Max. No. o	f Hours Per Day:		5		Max. No. o	f Hours to !	oe Worked:		AS V	j1 St	0 /		
Rate of Pay	\$35 PER	HOUR	Total Antici	pated Comp	oensation N	Not to Excee	ed:	\$1,5	75.00 \$\	185 451	18)	
aw. I furth	MUNIS Code: 0001767 0113 120X December of Pay: 53 PER HOUR Total Anticipated Compensation Not to Exceed: 51,675.00 \$1165 \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$4												
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mployee S	ignature:	Ster	my y	l mz	Supervisor/	Program A	dmin Signat	ure: 💃	mdra }	pullw	NEW	Date:	100/33
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SUBSTITUTE TEACHER TIME RECORD FOR WORKING ELEMENTARY SUMMER SCHOOL JUNE 2022

SUBSTITUTE - DANA STEVENS

Program: JUNE 2023 ELEM SUMMER SCHOOL PROGRAM	Position/Type of Service: SUBSTITUTE 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	to be Worked: 45 61 88 ceed: \$1,575.00 185.
Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exc	ceed: \$1,575.00 \ 185. 85
Dana Stevens	SWSan Jean
	e at work is completed, complete, locals section below; sign, 2. the can process for purposer: "It and yout"
Employee/Administrator Certification: hereby certify that the following services/hours of substitute work have been sa	atisfactorily completed:
Date 6/6/23 6/7/23 6/8/23 6/8/3	
Hours 5.00 5.00 5.00 6 5	
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	
5.00 5.00 5.00	
Total Days/Hours Completed: Total Days/Hours Completed: Pay Rate: \$35 i	PER HOUR Total Due: 41185.
Ay signature verifies that the information provided above is accurate for payroll $ ho$	urposes.
substitute Signature: The Alexen Supervisor/Program	Admin Signature: James J
Supervisor/Program	1/N/2 1 01 6/23/23
	AWONN July Revised: April 2019

ogram:	to perform to	risi's M	anage	mont	CSCN	- /	sition/Ty	pe of Service:					
te(s) to b	e Worked:	June!	5/11/	9,15,	10 20	33		MUNIS Code:	_000	1053	-0113	-903	2
ex. No. of	Hours Per Day			-	Max. No. o	of Hours to b	e Worke	d:	_50	_			
te of Pay	\$35.0	0	Total Antic	cipated Com	pensation f	Not to Excee	ed:	\$ विह	0.00-	- k			¥
at payme v. I furth	lge that these on the will be proce er understand t 760, you are he	ssed throug hat all fully	h payroll at completed	the comple and signed	etion of the reporting fo	program, ur rms receive	iless mut d in book	ually agreed o	otherwise, v	vith norma	l tax withh	oldings as r gular pay d	equired by ate. Pursuant
płoyee S ployee II	ignature:):	1		a .	Supervisor	/Program A	dmin Sigr	ature:			<u> </u>	Da	te: <u>USa</u>
<u> </u>	e the following	section as v	vork is com	pleted, onc		completed to Payroll			ion below,	sign, obta	in supervis	ors signatu	re and send
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	tify that the fo			of work/at	tendance as	designated	above,	nave been sa	tisfactorily	completed	1;		
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l 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 Dean Summer Employee ID:

Supervisor/Program Admin Signature:

Jane Branch

Date: <u>1112023</u>

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.

Deana completed u nrs an u/1/2023

Classified Limited Contract - 2022-2023

I, CNKISTING ANOTOSON who works at SOUNSIGE school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-2023 School Year only:
Program: Scife Crisis Management (SCM) Position/Type of Service: recentification training
Date(s) to be Worked: JUNE 7, 2023 MUNIS Code: 0501053-0131-9032
Max. No. of Hours Per Day: Max. No. of Hours to be Worked:
Rate of Pay: \$12.00 Total Anticipated Compensation Not to Exceed: \$109.00
l 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. U17/2023
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.

Christina completed u urs on u/1/2023

Classified Limited Contract - 2022-2023 who works at school, do hereby contract with the Woodford County Board of Ed. 2022-2023 School Year only: Safe chisis management (SCM) Program: Position/Type of Service: VCCCATECOTO TOMINO Date(s) to be Worked: MUNIS Code: 0951053 - 013 Max. No. of Hours Per Day: Max. No. of Hours to be Worked: 21200 Total Anticipated Compensation Not to Exceed: 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: 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.

Sarah completed unrs an u/5/2023

Classified Limited Contract - 2022-2023 who works at SOVINSIDE school, do hereby contract with the Woodford County Board of Ed. 2022-2023 School Year only: Safe Chisis Management Position/Type of Service: YECE/11/1/Cat Program: Date(s) to be Worked: Max. No. of Hours Per Day: Max. No. of Hours to be Worked: \$13.00 Rate of Pay: \$1108:00 Total Anticipated Compensation Not to Exceed: Lacknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. Lunderstand 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: 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.

Flizabeth completed u hrs on u/s/2023

Classified Limited Contract - 2022-2023 who works at school, do hereby contract with the Woodford County Board of Ed. Safe Crisis Management (SCM) Program: Position/Type of Service: YCCPTTCCCTON TVCIMING Date(s) to be Worked: Max. No. of Hours Per Day: Max. No. of Hours to be Worked: Total Anticipated Compensation Not to Exceed: Lacknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. Lunderstand 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: Employee ID:

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.

Amanda completed u hrs an u/5/2023

Classified Limited Contract - 2022-2023 who works at school, do hereby contract with the Woodford County Board of Ed. 2022-2023 School Year only: Crisis Management (SCM) Program: Position/Type of Service: Vecchinication MUNIS Code: 0501063-013 Date(s) to be Worked: Max. No. of Hours Per Day: Max. No. of Hours to be Worked: 3/200 Rate of Pav: Total Anticipated Compensation Not to Exceed: 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:**

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.

Brittany completed ushrs on u/5/2023

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Certified Limited Contract - 2022-2023 who works at school, do hereby contract with the Woodford County Board of Ed. 2022-2023 School Year only: Safe chisis Management (SCM) Position/Type of Service: YECENTIFICATION TRAINING Program: MUNIS Code: 0941053-0113-9032 Date(s) to be Worked: Max. No. of Hours Per Day: Max. No. of Hours to be Worked: Rate of Pay: 425.00 s 350,00 Total Anticipated Compensation Not to Exceed: Lacknowledge that these duties are distinct and separate from my normal employment responsibilities, and therefore, subject to different guidelines. Lunderstand 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: 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 Hours Date Hours Date Hours Date Hours Total Days/Hours Completed: UNS Pay Rate: \$ 25,00 - Total Due: \$ 150,00 -Supervisor/Program Admin Signature: Employee Signature:

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yment will be processed through payroll at the completion of the program, unless mutually agreed or urther understand that all fully completed and signed reporting forms received in bookkeeping will be 161.760, you are hereby notified that these duties are not assigned to you past the current school pee Signature: dee Signature: dee ID:	otherwise, with nor be added to the ne	rmal tax withhold	dings as required by
rurther understand that all fully completed and signed reporting forms received in bookkeeping will be 161.760, you are hereby notified that these duties are not assigned to you past the current school pree Signature: The signature: The signature is a signature of the current school	e added to the ne	rmal tax withholo ext available regu	lings as required by lar pay date. Pursuar
ee Signature: ee ID: dee Signature: ee ID:	year.		
ee ID:	P	20000	
· · · · · · · · · · · · · · · · · · ·		and the same of the same of	Date: Ulu a
plete the following section as work is completed, once all work is completed, complete Totals secti	ion below, sign, o	btain supervisors	s signature and send
Original to Payroll and Copy to HR.		7 727	
ree/Administrator Certification:	9		
r certify that the following services/hours of work/attendance as designated above, have been sati	isfactorily comple	eted:	<u> </u>
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า:	Saft	e Cn		U	ment 1	(SCM)	Po	osition/Type	of Service:	rece	rtifica	tian.	traini	May
o b	e Work	ed:	JUN	e lle, a	2023				UNIS Code:	0501	053-	0113-	9032	2
. of	Hours F	Per Day	:	_7_	_	Max. No.	of Hours to	be Worked:		14	- V			
ay:	\$2	25.1	X	Total Ant	icipated Con	npensation	Not to Exce	ed:	\$ 35	0.00	_			
mei irthe	nt will b er unde	e proce	ssed through that all full the series of the	ugh payroll a y completed fied that the	at the completed and signed are duties are	reporting for e not assign	program, u orms receive ed to you p	nless mutua ed in bookk past the cur	ally agreed of eeping will l rent school	otherwise, v	vith normal	tax withho	ldings as re	I understand quired by te. Pursuant
e Si	gnature	1:	ion	nca K	Bayo	Supervisor	Program A	dmin Signa	ture:	0	•		_ Date	=:0/10/a
			r Certifica		s of work/at	tendance a	s designate	d above, ha	ive been sa	tisfactorily	completed:			
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	to perform the	TOIL	services for	who v	vorks at		side	school, do		tract with t	he Wood	lford County	Board of Ed.
rogram:	Safe Crk	sis Mo	unadei	mont	(SCM)			e of Service:	rece	MACA	tian	traini	Y01
ate(s) to	be Worked:	June	2 1le,	2023								3-903	1/
ax. No.	of Hours Per Day:				Max. No. o	of Hours to I			14				
te of Pa	v: \$35,00)	Total Antic	ipated Com	pensation I	Not to Excee	ed:	\$ 350), (() -				
at paym w. I furt KRS 161	edge that these du ent will be process her understand th L.760, you are her	sed through at all fully c	payroll at ompleted	the comple and signed	etion of the reporting for e not assign	program, un orms receive ned to you p	nless mutu ed in bookk east the cu	ally agreed of eeping will be rent school	otherwise, wo	ith normal	tax withh	oldings as re egular pay da	equired by ite. Pursuant
nployee nployee	Signature: ID:	The	<u>ea 70</u>		Supervisor	/Program A	dmin Signa	ture:	1)		Dat	e: 6/10/20
Comple	te the following s	ection as w	ark is com	pleted, onc		s completed to Payroll			ion below,	sign, obtain	supervi	sors signatui	e and send
	Administrator			of work/at	tendance a	s designate	d above, h	ave been sa	tisfactorily (ompleted:			rangan arangga sadar
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	otal Days/Hours Co	pripleted:_	v v	ivs lollh		\$ 25. /Program A			s 160	.00.		Date	: 6/16/200

	to perform the follo		1.11	022-2023 School	Year only:	l, do hereby contra	ct with the woodf	ord County B	pard of Ed.
rogram:	Softe Chisis	Ü	-	CMI	Position/Type of Serv	vice: <u>YCCCA</u> †	nicettian t	raining	2
Pate(s) to	be Worked:	une IV,	2023		MUNIS Co	ode: <u>050109</u>	53-0113-	9032	
Лах. No.	of Hours Per Day:	_7_		lax. No. of Hours	to be Worked:	14			
ate of Pa	v: \$25.00	Total Antic	cipated Compe	nsation Not to Ex	cceed: \$3	50.00-			. *
nat paym nw. I furt o KRS 16	edge that these duties a nent will be processed the cher understand that all 1.760, you are hereby no Signature:	rough payroll at fully completed	the completion and signed repose duties are no	n of the program porting forms rece ot assigned to yo	n, unless mutually agre eived in bookkeeping v	ed otherwise, with will be added to the	normal tax withho	oldings as req gular pay date	uired by
	te the following section	as work is com			eted, complete Totals oll and Copy to HR.	section below, sign	, obtain superviso	ırş signature	and send
	e/Administrator Certi ertify that the following		of work/atten	dance as designa	ated above, have beer	n satisfactorilÿ com	pleted:		
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ours ate ours ate	otal Days/Hours Comple	ted: 10 M		W. Barton C. 20	5 DO - T10				

to b	Waft Cri worked:	Jun		2023)	,			<u>recer</u> 0501				1 /
o. of	Hours Per Day:		_¬ `		Max. No. o	of Hours to I	- be Worked:		14				
Pay:	\$25.5	0	_Total Anti	cipated Con	npensation I	Not to Excee	ed:	\$ 350	0.00				
vied	ge that these d	uties are d i	stinct and	separate fro	om my norm	al employn	nent respon	sibilities , a	nd therefore	e, subject to	different g	uidelines. I	understand
ırthe	nt will be proce er understand t	hat all fully	completed	and signed	reporting fo	rms receive	d in bookke	eping will b	e added to	ith normal the next av	tax withholo ailable regu	lings as req lar pay date	uired by e. Pursuant
	760, you are he	reby notific	ed that the	se duties ar	e not assign	ed to you p	ast the cur	ent school	year.				. 1. 1.
ee Si ee ID	gnature:	JAU	MI	MA	_Supervisor	/Program A	dmin Signat	ure:	1			. Date:	4/10/2
	the following	section as	work is con	npleted, on	The contraction of the		(CE)416	and the same of the	ion below,	ilgn, obtain	supervisor	s signature	and send
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	Administrator			s of work/a	ttendance a	designate	d above, ha	ve been sa	tisfactorily c	ompleted:	-		
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2022-2023

Single Event with Multiple Attendees

Program\Type of Service:

Date to be Worked:

PLC AT WORK

HELD AT WCMS CAFETERIA

8:30 - 3:30

6/1/23 AND 6/2/23

Dept/School:

HUNTERTOWN

Lacknowledge 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, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be paid in accordance to the Board approved pay date schedule. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee/Administrator Certification:

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

		INITIAL	INITIAL Tot	ď		Certification of Completion
ame (PLEASE PRINT NAME) SC	HOOL Hr. Rate	6/1/2023	INITIAL Total	s Total Due	Account Code	Employee Signature
ESSICA ANDREASEN	\$ 25.0		STIPED 6	\$150.00	0901053 0113 9190	Jeses .
ARAH CONGLETON	\$ 25.0	BPASC	STIPED 6	\$150.00	0901053 0113 9190	Shun Cor
RYSTAL HARVEY	\$ 25.0	BPACH	SFIPENT 6	\$150.00	0901053 0113 9190	Curatal Harve
LIZABETH HUDGINS	\$25.0	BPACH	STIREND 6	\$150.00	0901053 0113 9190	Glabelle Mudese
LAINE KAISER	\$ 25.0	EXED	EXTEN 0	N/A CONTRACT	N/A	Clareck aid
ALLIE KISER	\$ 25.0	BPAK	STAPEND 6	\$150.00	0901053 0113 9190	MINKER
AMANDA NUGENT	\$ 25.0	STIPEND	STIPPIND 12	\$300.00	0901053 0113 9190	amarda Negent
GRETCHEN SMITH	\$ 25.0	BPA	STIPEND 6	\$ 150.00	0901053 0113 9190	Swill Shith
RACHEL STAKELIN	\$ 25.0	100	stillen 6	\$150.00	0901053 0113 9190	Rachel Statel
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Supervisor/Program Admin Signature:

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2022-2023

Single Event with Multiple Attendees

Program\Type of Service:	PLC AT WORK	HELD AT WCMS CAFETERIA	8:30 - 3:30	
Date to be Worked:	6/1/23 AND 6/2/23	Dept/School:	NORTHSIDE	

l 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, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be paid in accordance to the Board approved pay date schedule. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee/Administrator Certification:

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

		INITIAL	INITIAL	Total			Certification of Completion
Name (PLEASE PRINT NAME) SCHOOL	Hr. Rate	6/1/2023	SILVAY A	Hours	Total Due	Account Code	Employee Signature
NIKKI BRANHAM	N/A	ВР	FLE	0	N/A CONTRACT	N/A	Nilla Migh
ALLISON CECIL	N/A	BAZ		0	N/A CONTRACT	N/A	LO Dej Calo
AMANDA DOWELL	N/A	#D		0	N/A CONTRACT	N/A	amanda Diwell
SCOTT HUNDLEY	N/A	EXT DAY	EXT DAY	0	N/A CONTRACT	N/A	Spot Hundley de
PAM HUNTER	\$ 25.00	BPA OL	STU END	6	\$150.00	1201053 0113 9190	Lew types
PAMELA HUTCHISON	\$ 25.00	18BIY	PARA T	6	\$150.00	1201053 0113 9190	July 13. Huter
LIZ PERRY	N/A	BPA D	FLEX PD	0	N/A CONTRACT	N/A	IMM .
ROBIN TAYLOR	N/A	(P)		0	N/A	N/A	Robert Jours
		-					
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					\$ 300.00	/	

Supervisor/Program Admin Signature:

Fyndelm

95/23 Date:

2022-2023

Single Event with Multiple Attendees

Program\Type of Service:

Date to be Worked:

PLC AT WORK

HELD AT WCMS CAFETERIA

8:30 - 3:30

6/1/23 AND 6/2/23

Dept/School:

SIMMONS

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, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be paid in accordance to the Board approved pay date schedule. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee/Administrator Certification:

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

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\$ 25.00 \$25.00 \$ 25.00 \$ 25.00	BPA TO BPA TO BPA TO BPA	STIPEND STIPEND STIPEND STIPEND	6 6 0	\$150.00 \$150.00 \$150.00 \$150.00	0751053 0113 9190 0751053 0113 9190 0751053 0113 9190 0751053 0113 9190	Janes Calnes
\$ 25.00 \$25.00 \$ 25.00 \$ 25.00	BPA TO BPA	STIPEND STIPEND STIPEND	6 6 0	\$150.00 \$150.00 \$150.00	0751053 0113 9190 0751053 0113 9190 0751053 0113 9190	
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N/A	EP COOK			N/A CONTRACT	N/A	RILL
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						\$ 750.00

Supervisor/Program Admin Signature:

Fyen fale

2022-2023

Single Event with Multiple Attendees

Contification of Completion

Program\Type of Service:	PLC AT WORK	HELD AT WCMS CAFETERIA	8:30 - 3:30	
Date to be Worked:	6/1/23 AND 6/2/23	Dept/School:	SOUTHSIDE	

Lacknowledge 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, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be paid in accordance to the Board approved pay date schedule. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee/Administrator Certification:

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

		INITIAL	INITIAL	Total			Certification of Completion
lame (PLEASE PRINT NAME) SCHOOL	Hr. Rate		6/2/2023		Total Due	Account Code	Employee Signature
ALYSSA AUSTIN	\$25.00	AA	SHIPEND	6	\$150.00	0501053 0113 9190	alysia Clubb
MARLAINA BUZZELLI	\$25.00	BPA MB	m 4 5 7	6	\$150.00	0501053 0113 9190	Moulgines Bupell
(ATIE CORELL	N/A	1 SEAC	Nexto	0	N/A CONTRACT	N/A	tata cle
KRISTIN COYLE		HAC.	KCP			THE REAL PROPERTY.	Kaye.
MAKEZNIE DURR	\$25.00	1 JVP PO	MAX	12	\$300.00	0501053 0113 9190	enfactange on
VONNE EDENSTROM	\$ 25.00	BPA	STIPENE	6	\$150.00	0501053 0113 9190	Gronne Edenotrom
EREMY REYNOLDS	N/A	EXT DAY	EXTOAY	0	N/A CONTRACT	N/A	Many Keel
SHANDA WARTHMAN (VIYLUL)	\$25.00		STIEBUD	6	\$150.00	0501053 0113 9190	Kaye
STEPHANIE WELLS	N/A	BPA	FEEXED	0	N/A CONTRACT	N/A	Shell
David Bents		MS	Alex	Q	NIA CONT	NA	Daved Bead
		Ext	Ext				37
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Supervisor/Program Admin Signature:

Date:

Revised: June 2020

2022-2023

Single Event with Multiple Attendees

Program\Type of Service:	PLC AT WORK	HELD AT WCMS CAFETERIA	8:30 - 3:30	
Date to be Worked:	6/1/23 AND 6/2/23	Dept/School:	WCMS	

l 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, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be paid in accordance to the Board approved pay date schedule. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee/Administrator Certification:

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

		INITIAL	INITIAL Total			Certification of Completion
Name (PLEASE PRINT NAME) SCHOOL	Hr. Rate	6/1/2023	6/2/2023 Hours	Total Due	Account Code	Employee Signature
TAYLOR BAKER	N/A	BPA 7	FLEX PIECE 0	N/A CONTRACT	N/A	Layer Back O
JENNIFER BATZEL	N/A	BRA	FIEN PO 0	N/A CONTRACT	N/A	20MM IN TO TEX
ALLIE BUCHANAN	\$25.00	FLEXIFO	STIPE 6	\$150.00	0851053 0113 9190	all of the stock
MARY RUTH HERTWECK	\$25.00	FLIXABLE	STIP MA 6	\$150.00	0851053 0113 9190	Man That Horotabal C
BRITTANY MILLER	\$25.00		MIND 6	\$150.00	150	father Mill
MARYBETH MUCCI	N/A	ври	HAMILE 0	N/A CONTRACT	N/A	My Congression
REBECCA PRESTON	N/A	EXTOXY	EXTRACT 0	N/A CONTRACT	N/A	Waren S
AMANDA RIVERA	N/A	FLEX PD	0	N/A CONTRACT	N/A	A
ADAM SWINGLE	\$25.00	BPA A75	STIPEND 6	\$150.00	0851053 0113 9190	
STEPHANIE TERRY	\$25.00	вра	STIPEND 6	\$150.00	0851053 0113 9190	Stephancomo
KATHERINE WAFORD	N/A		CENTRAL O	N/A CONTRACT	N/A	water way
RYAN WILKINS	N/A	EXTUAY	Box 0	N/A CONTRACT	N/A	By- West
Eddie Daucherter	425	BPAL	stiple 16	150.00	085105301139190	Eddie Dantes
		+				
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Totals		_		\$ 50.00		1 66

Supervisor/Program Admin Signature:

Suran Iran

Date:

2022-2023

Single Event with Multiple Attendees

Program ¹	Type	of	Service:
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PLC AT WORK

HELD AT WCMS CAFETERIA

8:30 - 3:30

Date to be Worked:

6/1/23 AND 6/2/23

Dept/School:

WCHS

l 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, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be paid in accordance to the Board approved pay date schedule. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee/Administrator Certification:

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

		INITIAL	INITIAL	Total			Certification of Completion
lame (PLEASE PRINT NAME) SCHOO	L Hr. Rate		6/2/2023		Total Due	Account Code	Employee Signature
TARA ADKINS	\$25.00	BPA 9	STIPEND	6	3130.00	0841053 0113 9190	Sanclida
ALLISON AVSAR	\$ 00	BAT		•	\$15000		allism ayou
ESSICA BASANTA	\$25.00	врад В	STIPEND	6	\$150.00	0841053 0113 9190	assir en
AURA BENTON	*	BPA X		•	200		Berto
MANDA BEST	N/A	EXT DAY	EXT DA	0	N/A CONTRACT	N/A	Drang But
HRIS BOSS	\$25.00	BPACS	STIPEND	6	\$150.00	0841053 0113 9190	(03-
RENEE BOSS	\$25.00	BPA PART	STIP	6	\$150.00	0841053 0113 9190	mono
IBBI DENNEY	\$25.00	BPADD	STATE OF	6	\$150.00	0841053 0113 9190	Troum
AM DUNCAN	\$25.00	BPAPO	STIPEND	6	\$150.00	0841053 0113 9190	Pan Dence
COTT ELLIS	N/A	Lo_	ν	0	N/A CONTRACT	N/A	ANTES
USAN GODMAN	\$25.00	вра 66		0	\$44949		Sost
MELODY HAMILTON	N/A	BPA AH	HERRIT	0	N/A CONTRACT	N/A	wedgen Howild
YDNEY HARPER	N/A	BPA GAD	STIPPIN	6	\$150.00	0841053 0113 9190	Sudvan
ESSICA KNIGHT	N/A	BPAJL		0	N/A CONTRACT	N/A	Uran from
RYAN LEWIS	N/A	BPA PV	FLEXPO	0	N/A CONTRACT	N/A	FAITLE
ANATOLIY LOBODA	\$25.00	BPA AZ	STIPEND	6	\$150.00	0841053 0113 9190	Aphon
CLAY MATTINGLY	N/A	EXT DAY	EXT DAY	0	N/A CONTRACT	N/A	C/ MM,
ULIE MUDD	\$25.00	BPA	STIP	6	\$150.00	0841053 0113 9190	Julo Mudel
CALEB NELSON	\$25.00	BPA	STIPEND	6	\$150.00	0841053 0113 9190	00.
TRACY PROBST	N/A	BPA DP		0	N/A CONTRACT	N/A	Quan Polos
TYLER REED	N/A	NATR		0	N/A	N/A	ma
KELSEY SWAN	N/A QE	BPA V6	FLEX PO	0	N/A CONTRACT	N/A	Ulsty Swan
SARAH TOWNSEND	\$25.00	LEAST	STIPENET	105	133.00	0841053 0113 9190	NU
MILES WHITE	\$25.00	RDA	STIPEND	-6	\$150.00		A . I
MICHAEL WILLIAMS	\$25.00	BPA NSO	STIPEND	6	\$150.00	0841053 0113 9190	alulad Weller ?
Siscenthal		BASHS	Flot PD	0	NA	NA	SHOW
		1.					
Totals			•		\$	1	1 6/5

Supervisor/Program Admin Signatur

Top Asla

6/5/33 Date:

2022-2023

Single Event with Multiple Attendees

Program\Type of Service:	PLC AT WORK	HELD AT WCMS CAFETERIA	8:30 - 3:30	
Date to be Worked:	6/1/23 AND 6/2/23	Dept/School:	PRESCHOOL	

Lacknowledge 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, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be paid in accordance to the Board approved pay date schedule. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee/Administrator Certification:

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

Name (PLEASE PRINT NAME) SCHOOL	Hr. Rate	6/1/2023	6/2/2023	Hours	Total Due	Account Code	Employee Signature
COURTNEY CHANEY	\$ 25.00	BPAC	STIPEND	6	\$ 150.00	090105301139190	Court Clip
IMMY DAMRON	\$ 25.00	BPACIO	STIPE	6	\$150.00	090105301139190-475	Smar
HANA FAESY	\$ 25.00	BPASE	STIPEND	6	\$ 150.00	0501053 0113 9190	Dun Prus
MOSUN MINISTRA	\$25.00	EXTURY	EXTENT	0	N/A CONTRACT	N/A	Kimifolinson
HLOE LEE	\$ 25.00	BPACL	FLEX P	0	N/A CONTRACT	N/A	Chroc rec
ABBEY STEPP	\$ 25.00	BPA A	STIPENOS	6	\$ 150.00	0751053 0113 9190	Abbey Strop
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Totals	1	-	•		\$ -300:00	\$600.00	fele 6/

2022-2023

Single Event with Multiple Attendees

Program\Type of Service:	PLC AT WORK	HELD AT WCMS CAFETERIA	8:30 - 3:30	
Date to be Worked:	6/1/23 AND 6/2/23	Dept/School:	SAFE HARBOR	

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, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be paid in accordance to the Board approved pay date schedule. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee/Administrator Certification:

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

dame (PLEASE PRINT NAME) SCHOOL	Hr. Rate	INITIAL 6/1/2023	INITIAL	Total Hours	Total Due	Account Code	Employee Signatura
EN BROWN	N/A	вра 🕊	FLEX PD	0	N/A CONTRACT	N/A	Candle Hore
OGAN CULBERTSON	N/A	BAL EXT DAY	EXT DAY	0	N/A CONTRACT	N/A	1 -11
MATTHEW HAUGHTON	\$25.00	BPAMIC		6	\$150.00	0131053 0113 9190	met Aug 5
KARI HOUSHOLDER	N/A	вра	FLEXED	00	N/A CONTRACT	N/A	Poloistrale
SARAH PATTON	\$25.00	BPA SO	N	6	\$150.00	0131053 0113 9190	Lualylle
STEPHEN POWERS	\$ 25.00	BPAS	STONEND	6	\$150.00	0131053 0113 9190	911
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Supervisor/Program Admin Signature:

Typen felen

Date:

Certified PD Limited Contract - 2022-2023 - Single Event with Multiple Attendees

rogram\Type of Service:			WCH	is English D	epartment PLC	Alignment Day
Pate to be Worked:	5/31/2	2023	8:30	AM - 3:30 PI	VI Dept/School:	WCHS
payment will be processed throu	ugh payroll at lived in bookk led to you pas tification:	the completion eping will be t the current	n of the pald in a school y	program, with norms accordance to the Bos rear.	al tax withholdings as require ard approved pay date sched	ore, subject to different guidelines. I understand that ed by law. I further understand that all fully completed Jule. Pursuant to KRS 161.760, you are hereby notified
Name	School	Hr. Rate	Hours	Total Due	Account Code	Employee Signature/Certification of Completion
Allison Avsar	WCHS	\$ 25.00	6	\$ 150.00	0841918 0113 9190	allon ansar
Laura Benton	WCHS	\$ 25.00	6	\$ 150.00	0841918 0113 9190	Lauren Bent
Chris Boss	WCHS	\$ 25.00	6	\$ 150.00	0841918 0113 9190	Ces
Renee Boss	WCHS	\$ 25.00	6	\$ 150.00	0841918 0113 9190	Rance P(V)
Libbi Denney	WCHS	\$ 25.00	6	\$ 150.00	0841918 0113 9190	Spenner
Kellie Griffie	WCHS	\$ 25.00	4X	\$ 150.00	0841918 0113 9190	Kille I in Blank
Claire Hogg	WCHS	\$ 25.00	8	\$ 135.00	0841918 0113 9190	Clauston
Madison Kamer	WCHS	\$ 25.00	5	\$ 125.00	0841918 0113 9190	Madron Verner
Stephanie Maynard	WCHS	\$ 25.00	6	\$ 150.00	0841918 0113 9190	tustieno Whencel
Matthew Williams	WCHS	\$ 25.00	-6-	\$ 150.00	0841918 0113 919 0	
Amanda Moffett	wells	\$ 25.00	6	150.00		amanda Noffett
					v	
	L					
Totals		<u> </u>		€ 1,500.00		

Classified Limited Contract - 2022-2023

I,	KIM	TIMBROOK	who works at	SIMMONS	school, do	hereby contract with the Wood	ford County Board of Ed.
	to perform	the following serv	ces for the 2022-20	23 School Year only:			
Program:	JUNE 2023	ELEMENTARY SUN	IMER SCHOOL	Position/Ty	pe of Service:	INSTRUCTOR - JOB CODE	7312158
Date(s) to be	Worked:	JUNE 2023 - UP	TO 9 DAYS TOTAL A	S NEEDED	MUNIS Code:	0001767 0131 120X	
Max. No. of H	lours Per Da	y: <u>5</u>	Max. N	o. of Hours to be Wo	rked:	UP TO 45	
Rate of Pay:	\$25 PEF	R HOUR_ Total Ar	nticipated Compensat	ion Not to Exceed:	\$1,12	25.00	
understand that as required by	hat payment y law. I furt	will be processed her understand tha	through payroll at the t all fully completed a	completion of the pand signed reporting f	rogram, unless orms received	ities, and therefore, subject to dissimutually agreed otherwise, with in bookkeeping will be added to but past the current school year.	h normal tax withholding:
Employee Sig	gnature:	New Ten	<u>WWW</u> superv	isor/Program Admin :	Signature:	Tyrpe_	Date: 9/6/63

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 PD Limited Contract - 2022-2023 - Single Event with Multiple Attendees

Program\Type of Service: EDGENUITY COURSE UPDATE SESSION - HELD AT WCHS (ROOM 208) - 8 AM UNTIL 3:00 PM

Date to be Worked: FRIDAY, JUNE 9, 2023 Dept/School: AS SHOWN BELOW

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, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be paid in accordance to the Board approved pay date schedule. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school

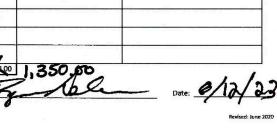
Employee/Administrator Certification:

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

	CHRIS BOSS LOGAN CULBERTSON LIBBI DENNEY PAM DUNCAN SCOTT ELLIS SARAH MAYNARD CALEB NELSON STEPHEN POWERS JENNIFER SMITH	HS \$25.00 SHA \$25.00 HS \$25.00 HS \$25.00 HS \$25.00 HS \$25.00 HS \$25.00 SHA \$25.00	145 4x 6 4x	25.00 \$150.00 31.25 \$150.00 \$150.00 \$150.00 \$150.00 \$150.00 \$150.00 \$150.00	0841053 0113 9190 0131053 0113 9190 0841053 0113 9190 0841053 0113 9190 0841053 0113 9190 0841053 0113 9190 0841053 0113 9190 0131053 0113 9190	Legener
CHRIS BOSS HS \$25.00	LOGAN CULBERTSON LIBBI DENNEY PAM DUNCAN SCOTT ELLIS SARAH MAYNARD CALEB NELSON STEPHEN POWERS JENNIFER SMITH	HS \$25.00	1.25 4x 6 4x 4x	\$150.00 31.25 \$150.00 \$150.00 \$150.00 \$150.00 \$150.00 \$150.00 \$150.00 \$150.00 \$150.00	0131053 0113 9190 0841053 0113 9190 0841053 0113 9190 0841053 0113 9190 0841053 0113 9190 0841053 0113 9190 0131053 0113 9190	Legener
SECOTT ELLIS	LIBBI DENNEY PAM DUNCAN SCOTT ELLIS SARAH MAYNARD CALEB NELSON STEPHEN POWERS JENNIFER SMITH	HS \$25.00 HS \$25.00 HS \$25.00 HS \$25.00 SHA \$25.00	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	31.25 150.00 \$150.00 \$150.00 \$150.00 \$150.00 \$150.00 \$150.00	0841053 0113 9190 0841053 0113 9190 0841053 0113 9190 0841053 0113 9190 0841053 0113 9190 0131053 0113 9190	2011
PAM DUNCAN HS \$25.00	PAM DUNCAN SCOTT ELLIS SARAH MAYNARD CALEB NELSON STEPHEN POWERS JENNIFER SMITH	HS \$25.00 HS \$25.00 HS \$25.00 SHA \$25.00	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	\$150.00 \$150.00 \$150.00 \$150.00 \$150.00 \$150.00	0841053 0113 9190 0841053 0113 9190 0841053 0113 9190 0841053 0113 9190 0131053 0113 9190	2011
SCOTT ELLIS HS \$25.00 6 \$150.00 0841053 0113 9190 AuxH MAYNARD HS \$25.00 6 \$150.00 0841053 0113 9190 CALEB NELSON HS \$25.00 4 \$150.00 0841053 0113 9190 STEPHEN POWERS SHA \$25.00 6 \$150.00 0841053 0113 9190 JENNIFER SMITH HS \$25.00 6 \$150.00 0841053 0113 9190	SCOTT ELLIS SARAH MAYNARD CALEB NELSON STEPHEN POWERS JENNIFER SMITH	HS \$25.00 HS \$25.00 SHA \$25.00	4 4 4	\$150.00	0841053 0113 9190 0841053 0113 9190 0841053 0113 9190 0131053 0113 9190	For June - Australy -
SARAH MAYNARD HS \$25.00 8 \$130.00 0841053 0113 9190 CALEB NELSON HS \$25.00 4 \$25.00 0841053 0113 9190 STEPHEN POWERS SHA \$25.00 6 \$150.00 0841053 0113 9190 DENNIFER SMITH HS \$25.00 6 \$150.00 0841053 0113 9190	CALEB NELSON STEPHEN POWERS DENNIFER SMITH	HS \$25.00 SHA \$25.00	4*	\$130.06 \$150.00 \$150.00 \$150.00	0841033 0113 9190 0841053 0113 9190 0131053 0113 9190	Aust Ell
CALEB NELSON HS \$25.00 4 \$ 100.00 0841053 0113 9190 0131053 0113 0113 0113 0113 0113 0113	CALEB NELSON STEPHEN POWERS ENNIFER SMITH	HS \$25.00 SHA \$25.00 HS \$25.00	4*	3150.00 3150.00	0841053 0113 9190 0131053 0113 9190	Marin
STEPHEN POWERS SHA \$25.00 4 \$ 120.00 0131053 0113 9190 0131053 0113 9190 0841053 0113 9190	STEPHEN POWERS	SHA \$25.00	4 *	100.50 3150.00	0131053 0113 9190	The second
DENNIFER SMITH HS \$25.00 6 \$150.00 0841053 0113 9196	JENNIFER SMITH	+1/S \$25.00	6	3130.00		Mile
					0841053 0113 9190	
MICHAEL WILLIAMS 115 \$25:00 6 \$150:00 0841033 0115 9190	MICHAEL WILLIAMS	\$25:00	8	*150-00		
						-
	Totals 7 PART	TICIPANTS] -	\$1,650.00	5625 Melu	

Program\Type of Service: _	EDGENU	JITY COL	IRSE UP	DATE SESSI	ON - HELD AT WCHS	(ROOM 208) - 8 AM UNTIL 3 PM
Date to be Worked:	THURSDAY,	JUNE 8,	2023		Dept/School:	AS SHOWN BELOW
guidelines. I understand the by law. I further understand	at payment will d that all fully c	be process ompleted a	sed throu and signed	gh payroll at the	e completion of the progra ns received in bookkeeping	, and therefore, subject to different m, with normal tax withholdings as required will be paid in accordance to the Board t assigned to you past the current school
Employee/Administrator	Certification:				E.	
I hereby certify that the fol	lowing services	/hours of	work/atte	endance as des	ignated above, have been	satisfactorily completed:
			Total			Certification of Completion
Name (PLEASE PRINT NAM	E) SCHOOL	Hr. Rate	Hours 1	fotal Due	Account Code	Employee Signature
SANDRA ADAMS	со	\$25.00	6	\$150.00	0001053 0113 9190	Sandra Adam
CHRIS BOSS	HS	\$25.00	6	\$150.00	0841053 0113 9190	Cers
LOGAN CULBERTSON	SHA	\$25.00		¢150.00	0131053 0113 9190	
LIBBI DENNEY	нѕ	\$25.00	6	\$150.00	0841053 0113 9190	Sugn .
PAM DUNCAN	HS	\$25.00	6	\$150.00	0841053 0113 9190	Tankluce
SCOTT ELLIS	HS	\$25.00	6	\$150.00	0841053 0113 9190	Suffell
SARAH MAYNARD	HS	\$25.00	6	\$150.00	0841053 0113 9190	Sarah Maynad
CALEB NELSON	HS	\$25.00	6	\$150.00	0841053 0113 9190	1 JAUSON
STEPHEN POWERS	SHA	\$25.00		\$250:00	0131033 0113 9150	
JENNIFER SMITH	HS	\$25.00	6	\$150.00	0841053 0113 9190	Jenny Junt
MICHAEL WILLIAMS	HS	\$25.00	6	\$150.00	0841053 0113 9190	What with
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LOGAN CULBERTSON	SHA	\$25.00	-6	£150.00	0131053 0113 9190		
LIBBI DENNEY	HS	\$25.00	6	\$150.00	0841053 0113 9190	Chon .	
PAM DUNCAN	HS	\$25.00	6	\$150.00	0841053 0113 9190	Tankluce	
SCOTT ELLIS	HS	\$25.00	6	\$150.00	0841053 0113 9190	Suffell	
SARAH MAYNARD	HS	\$25.00	6	\$150.00	0841053 0113 9190	Sarah Maynad	
CALEB NELSON	HS	\$25.00	6	\$150.00	0841053 0113 9190	1 JNUSon	-
STEPHEN POWERS	SHA	\$25.00		\$250:00	0131033 0113 9130		
JENNIFER SMITH	HS	\$25.00	6	\$150.00	0841053 0113 9190	Jennif month	
MICHAEL WILLIAMS	HS	\$25.00	6	\$150.00	0841053 0113 9190	What with	1
		x					
		10		L			
							
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Totals 🕢	PARTICIPANT:	s		\$1,6 0.00	1.350 60	L	
Supervisor/Prog				1	1,350,50	Date: 0/12/2	2
Super 41301/F108	reni Admill S	Briature.		1		Date.	



		AEL GRIGSBY following services for the	who works at 2022-23	SIMMONS School Year only:	_school, do	hereby contract with t	the Woodford Co	ou nty Board of Ed.
Program:	SPRING 2023 B	EST PRACTICE ACADEM	IY	Position/Typ	e of Service:	PRESENTOR - "GT STE	RATEGIES IN TH	E CLASSROOM"
						May 31, 2023 @ WCM	<u>√IS</u>	
Date(s) to b	oe Worked: Ma	2y/2023			//UNIS Code:	0001011 0113 13	30X	
Max. No. o	f Hours Per Day:	N/A	Max. No. of	Hours to be Worked	li:	12		
Rate of Pay	\$25.0	O Total Anticip	ated Compensation N	ot to Exceed:	\$	300.00		
that payme law. I furth	ent will be process ner understand tha	ties are distinct and sep ed through payroll at th at all fully completed an eby notified that these	ne completion of the p d signed reporting for	rogram, unless mut ms received in book	ually agreed o keeping will b	therwise, with normal ne added to the next a	tax withholding	s as required by
Employee S	Signature: M	what Gin	Supervisor/	Program Admin Sign	ature:	Mer	n Trai	Marte: 5/31/23
	Comple	ete the following section and scan/sec	n as work is complete nd original to Dana Ch				n below, sign,	9
	/Administrator	Certification: owing services/hours o	f work/attendance as	designated above,	nave been sa	tisfactorily completed	:	
Date			,					
Hours								
				-				
Date								
Hours		*						
		lb.		$\overline{}$				
Date								
Hours								
Date								
Hours								
Total Days	:/Hours Completed	d:	12 Pay Rate:	\$ 25.0	00_Total Due	\$300.00	7	-1 1
Employee	Signature:	richal Sign	Supervisor Supervisor	/Program Admin Sig	nature:	Musan S	lan	Date ()

ı	to perform the	e following:		who we		School Year		chool, do	hereby conti	act with the	e woodtord C	ounty Boa	a or Eu.
Program:	SCIENCE CL	JRRICULI	JM			Pos	ition/Type o	f Service:	ELEM SCIE	NCE CURRI	CULUM MA	P REVISIO	NS
Date(s) to b	e Worked:	MAY 202	23				MUI	NIS Code:	1201053	0113 979	5		
Max. No. of	f Hours Per Day:				Max. No. of	Hours to be	e Worked:		2				
Rate of Pay	\$25.0	00	Total Antici	pated Com	pensation N	ot to Exceed	d: _	\$	50.00				
that payme law. I furth		sed throug nat all fully reby notifie	h payroll at to completed a ed that these	the comple nd signed r duties are	tion of the preporting for enot assigned. Supervisor/	rogram, un rms received ed to you pa	less mutually d in bookkee ast the curre	y agreed o ping will b int school re:	e added to the year.	th normal to	ex withholdin ilable regular	gs as requi pay date.	red by
L	Comp								ment. Than		below, sign,	,	
Employee,	/Administrator	Certificat	ion: /ices/hours (of work/at	tendance as	designated	l above, hav	e been sa	tisfactorily c	ompleted:			
Date	5/29/23												
Hours	2												
Date													
Hours													
Date													
Hours													
Date													
Hours													
Total Days	s/Hours Co mpl et	ed:	2		_Pay Rate:	\$	25.00	Total Due	: <u>\$50</u> .				
Employee	Signature:	16	To	<u> </u>	_Supervisor	/Program A	dmin Signat	ure:	Fry	_ A	e_	Date:	15/2

Revised: April 2019

		ANIE LA			orks at			school, do	hereby contra	act with the	Woodford	County Boar	d of Ed.
	to perform th	e following	services for	the	2022-23	School Year	only:						
Program:	SCIENCE C	URRICUL	.UM			Posi	tion/Type	of Service:	ELEM SCIEN	NCE CURRI	CULUM MA	P REVISIO	NS
Date(s) to b	be Worked:	MAY 20	2 3				MU	NIS Code:	0901053	0113 979	5		
Max. No. o	f Hours Per Day:				Max. No. o	f Hours to be	Worked:		2				
Rate of Pay	y:\$25.	00	_Total Antici	pated Com	pensation N	ot to Exceed	Ε.	\$	50.00				
that payme law. I furth	dge that these dent will be processiver understand to the control of the control	ssed through at all fully ereby notifi	gh payroll at t completed a	the comple nd signed r duties are	tion of the preparation of the properties of the	orogram, unle rms received ed to you pa	ess mutual in bookkee st the curr	ly agreed o eping will b ent school	therwise, wit e added to th	th normal ta he next avai	x withholdir ilable regula	ngs as requin r pay date. I	ed by
		'	llowing secti									· 	
			and and/se	end origina	l to Dana Cl	hristian so sh	e can proc	ess for pay	ment. Than	k you!			
	e/Administrator			of work/at	tendance as	designated	above, ha	ve been sa	tisfactorily co	ompleted:			
Date	5-24-23		F F										
Hours	1												
Date	5-25-23												
Hours													
Date													
Hours													
Date													
Hours												-	
nours										1			
Total Days	s/Hours Complete	ed:		2	_Pay Rate:	\$	25.00	Total Due	\$50	80			
Employee	Signature:	Sleph	anie X	Kant	(Supervisor	r/Program Ad	lmin Signat	:ure:	Ty	ny	fe	Date:	15/2
		1	_						U		i	Revised: April 20	19

l,	to perform th	ne following			orks at 2022-23	NORTH School Year		school, do	hereby cont	ract with th	e Woodford (County Boar	d of Ed.
Program:	SCIENCE C	URRICUL	JM			Pos	ition/Type	of Service:	ELEM SCIE	NCE CURR	CULUM MA	P REVISIO	NS
Date(s) to be	e Worked:	MAY 202	23				MU	JNI S Code:	1201053	0113 979)5		
Лах. No. of	Hours Per Day	٠,			Max. No. of	f Hours to be	e Worked:		2				
ate of Pay:	\$25.	.00	Total Antic	ipated Com	pensation N	ot to Exceed	i:	\$	50.00				
	ge that these d												
	er understand t												
o KRS 161.7	760, you are he	ereby notifie	d that thes	e duties ar	e not assigne	ed to you pa	ast the curr	ent school	year.				
Employee Si	gnature: K	ann	ACM	gan	Supervisor/	Program Ad	lmin Signat	ure:	Ky	Se		Date: 5	hop
	Com		•						complete To yment. That		below, sign,		
	Administrato			of work/at	tendance as	designated	above, ha	ve been sa	tisfactorily c	ompleted:	>		
Date	5/22	5/23											
lours	1	-1											
	ye.	c hers	mail s	25/23	de								
ate	•					=							
lours													
Date													
Hours	×												
Date	7												
Hours													
Total Days/	Hours Complet	ted:	(2,	_ Pay Rate:	\$	25.00	_Total Due	: <u>\$50.</u>	OD -			
Employee S	iignature:	four	my	-Cla	Lupervisor,	/Program Ad	dmin Signa	ture:	K	and the	ple	Date:	5/25/
			-11		11				U		R	evised: April 20	19

to perform the following services for the		who works at		WCMS		hereby contract	t with the Woodfor	d County Boa	ird of Ed.		
	to perform the	e following	services for t	the	2022-23	School Year only					
Program:	SCIENCE C	URRICUL	J <u>M</u>			Position,	Type of Service:	WCMS SCIEN	CE CURRICULUM	MAP REVISI	ONS
Date(s) to b	e Worked:	MAY 202	23				MUNIS Code:	0851053 01	13 9795		
Max. No. of	Hours Per Day:			ı	Max. No. of	f Hours to be Wo	rked:	5			
Rate of Pay:	\$25.0	00	Total Antici	pated Comp	ensation N	lot to Exceed:	\$	125.00			
l acknowled	ige that these d	uties are dis	tinct and se	parate from	my norma	al employment r	esponsibilities, a	nd therefore, su	bject to different g	uidelines. I u	ınderstand
that payme	nt will be proces	ssed throug	h payroll at 1	the complet	ion of the p	program, unless r	nutually agreed o	therwise, with	normal tax withholo next available regu	dings as requ	ired by
		reby notifie	ed that these	duties are	not assign	ed to you past th	e current school		TIEXT available regu	nar pay date.	rursuunt
Employee S	ignature:	Mo	vica !	Elle	Supervisor,	/Program Admin	Signature:	Frey	Ashen	Date:	5/19/2
								0	s section below, sig		
	Comp						n process for pa				
Employee	/Administrato	r Certificat	ion:								
				of work/att	endance as	designated abo	ve, have been sa	tisfactorily com	pleted:	Time T	
Date	5/22	5/24	5/25	5/29							
Hours	1	1	1	2		ļ					
Date											
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Hours											
	<u> </u>		,-					156	- 4-		
Total Days,	/Hours Complet	ed:	_ >	-1	Pay Rate:	\$	25.00 Total Due	: <u>\$ 105</u>	0.00		
Employee	Signature:	M	_5 mica	Eli	Supervisor	r/Program Admir	Signature:	type	Ale	Date:	6/5/2

Revised: April 2019

	l,	TAY	LOR BAK	ER	who wor	ks at	WCMS	school, do	hereby conti	ract with the	Woodford (County Boa	rd of Ed.
	to pe	rform th	ne following	services for	the	2 022-23 S	chool Year only:						
ogram:	SCIE	NCE C	URRICUL	UM			Position/	Type of Service:	WCMS SCI	ENCE CURR	ICULUM M	AP REVISI	ONS
te(s) to l	oe Work	ed:	MAY 202	23				MUNIS Code:	0851053	0113 979	5		
ax. No. o	f Hours	Per Day:			M	lax. No. of	Hours to be Wor	ked:	5				
te of Pay	/:	\$25.	00	Total Antic	ipated Compe	nsation No	ot to Exceed:	\$	125.00				
at payme v. I furth	ent will b ner unde	e proce erstand t	essed through that all fully ereby notifie	h payroll at completed ed that thes	the completion and signed repose duties are n	on of the proporting form	ogram, unless m ns received in bo d to you past th	esponsibilities, an nutually agreed o ookkeeping will b e current school	otherwise, wi be added to t year.	th normal ta he next avai	x withholdir lable regular	ngs as requi r pay date.	red by Pursuant
nployee :	Signatur	e: •	LUM	r 130	si s	upervisor/F	Program Admin S	Signature:	Figure	Ask		Date:	1/10/2
		Com	plete the fo					k is completed, on process for pay			pelow, sign,		
nployee	/Admir	nistrato	r Certificat		end Ongmar e	Dana Cii	15001 50 312 0	n process tor pay	mene, man			7	
ereby ce	ertify tha	t the fo	llowing sen	vices/hours	of work/atte	ndance as	designated abov	/e, have been sa	tisfactorily c	ompleted:			
te	00	115	05/17	0519									
ours			1	3									
			1			т			1				
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otal Days	/Hours	Complet	æd:		5	ay Rate:	\$ 2	25.00_Total Due					
nployee	Signatu	re:	Lay	lor Ba	Wev s	upervisor/	Program Admin	Signature:	Ky	-	kle	Date:(5/19/2
			()								F	Revised: April 20	019

I	, MONICA ELMORE to perform the following services for t			The state of the s			do hereby contract with the Woodford County Board of Ed.				
	to perform th	e following	services for	the	2022-23	School Year onl	y:				
Program:	SCIENCE C	URRICUL	UM			Position	n/Type of Service:	WCHS SCIEN	ICE CURRICU	LUM MAP REV	ISIONS
Date(s) to b	e Worked:	MAY 20	23				MUNIS Code:	0841053 0	113 9795		(i)
Max. No. of	f Hours Per Day:				Max. No. o	of Hours to be W	orked:	5			
Rate of Pay	\$25.	00	Total Antici	pated Com	pensation I	Not to Exceed:	\$	125.00			
I acknowled	dge that these d	uties are di	stinct and se	parate from	n my norm	nal employment	responsibilities, a	nd therefore, s	subject to diffe	erent guidelines	. I understand
law. I furth	er understand t	hat all fully	completed a	nd signed r	eporting fo	orms received in	mutually agreed of bookkeeping will l	be added to the	normal tax w e next availab	ithholdings as r le regular pay d	equired by ate. Pursuant
to KRS 161.	760, you are he. پ					ned to you past t r/Program Admir	the current school	l year.	1	0	-6-1
Employee S	Signature:	1 1/62	uca		Superviso	r/Program Admir	n Signature:	Ly		Da Da	te: <u>5/10/2</u>
	Comp	plete the fo					ork is completed, can process for pa			ow, sign,	
Eloves	/Administrato	- Cartificat					<u>.</u>				
				of work/att	endance a	s designated ab	ove, have been sa	tisfactorily co	mpleted:		
Date	5/11	5/16	5/17	5/20							
Hours	1	2	1								
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Date											
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			5	-				. 105	· 790		
Total Days,	/Hours Complet			2/	Pay Rate:	5	Total Due	3/40	. <u>/ /</u>		
Employee	Signature:	1 No	wico (Superv iso	or/Program Admi		Kyr	A	<u></u> D:	ate: 45/63

Revised: April 2019

	to perform th	ne following			2022-23	School Year		scnool, ao	nereby con	tract with tr	ie woodtord	County Bo	ard of Ed.
Program:	SCIENCE C	URRICULI	UM			Pos	sition/Ty p e	of Service:	WCHS SCI	ENCE CURI	RICULUM N	AP REVISI	ONS
Date(s) to b	e Worked:	MAY 202	23				MU	NIS Code:	0841053	0113 97	95		
Max. No. o	f Hours Per Day:				Max. No. o	f Hours to b	e Worked:		5				
Rate of Pay	;\$25.	.00	Total Antic	pated Com	pensation N	lot to Excee	d:	\$	125.00				
that payme law. I furth	dge that these dent will be processer understand to the condition of the c	essed through that all fully o	h payroll at completed a	the comple and signed reductions are	tion of the preporting for assign	program, un rms received	less mutual d in bookked ast the curr	ly agreed o eping will b ent school	therwise, w e added to	ith normal	tax withhold	ings as requ	ired by
Employee	Com _l	r Certificati	and see /se	ion as work end origina	is complet to Dana C	ed. Once a hristian so s	Il work is co	impleted, eess for pay	ment. Tha	nk you!	below, sign	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date	rtify that the fo	6/2-	s/a-	or work/at	tendance as	s designated	above, nav	e been sa	istactorily o	completea:			
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Hours										is a second			
Total Days,	/Hours Complet	red:	5.	0	Pay Rate:	\$	25.00	Total Due:	\$ /.	25.	# 125	5.00	
Employee	Signature:				Supervisor	-/Program A	dmin Signat	ure:	F	X	e e	. Date:	6/12/25

		COTT ELL		who works at	WCHS	school, do	hereby contrac	t with the Wood	dford County Bo	ard of Ed.
	to perform ti	ne following	services for the	2022-23	School Year only:					
gram:	SCIENCE C	URRICUI	LUM		Position/Ty	pe of Service:	WCHS SCIENCE	CE CURRICULU	M MAP REVIS	IONS
e(s) to	be Worked:	MAY 20	23			MUNIS Code:	0841053 01	13 9795		
x. No. c	f Hours Per Day	:		Max. No. of	Hours to be Work	ed:	5			
e of Pa	/: \$25	.00	_ Total Anticipa	ted Compensation N	ot to Exceed:	\$	125.00			
knowle	dge that these o	duties are d	istinct and sepa	rate from my norma	al employment res	onsibilities, a	nd therefore, su	bject to differe	nt guidelines. I	understand
t paym	ent will be proce	essed throu	gh payroll at the	completion of the p	orogram, unless mu	tually agreed o	otherwise, with	normal tax with	holdings as req	uired by
				signed reporting for luties are not assign				next available r	regular pay date	. Pursuant
(V2 T01	/ 00, you are ii	ereby note		luties are not assign	ed to you past the	current school	year.	10		_/
ployee	Signature:	Stop	1008	Supervisor/	Program Admin Sig	nature:	Lilas	Ale_	Date:	5/19/0
	Com	plete the fe	llowing section	as work is complete	ed Once all work	le completed				
	Com	piete the it		d original to Dana Ch					, 31511,	
			_				· · · · · · · · · · · · · · · · · · ·			
-	/Administrato					. I. a				
ereby c	ertify that the fo			work/attendance as	designated above	, have been sa	tisfactorily com	pleted:		
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tal Days	/Hours Complet	ted:	4	Pay Rate:	\$ 25	.00 Total Due	: \$ LOD	-		
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	C'	1/5	#7//		/p		D	160.		nh
ployee	Signature:	Λ^{ω}	MC/	Supervisor	/Program Admin Si	gnature:	Tyn	- m	Date	6/19

Revised: April 2019

1	, MEGAN				nool, do hereby co	ntract with the Wo	odford County Boai	d of Ed.
		owing services for the	2022-23 School					
Program:	LETRS TRAININ	IG		Position/Type of	Service: COMPI	ETION OF UNIT	51-4	
Date(s) to b	e Worked: 22-	23 SCHOOL YEAR			S Code: 120105	3 0113 9190		
Max. No. of	f Hours Per Day:	N/A	Max. No. of Hours	to be Worked:	4	<u>o</u>		
Rate of Pay	\$25.00	Total Anticipated Co	mpensation Not to E	xceed:XX	1,000.00	<u>) </u>		
that payme law. I furth	ent will be processed a per understand that a creation. The control of the creation of the cre	are distinct and separate fi through payroll at the comp Il fully completed and signe notified that these duties	oletion of the program d reporting forms rec	m, unless mutually ceived in bookkeep ou past the currer	agreed otherwise, ing will be added to t school year.	with normal tax wit	thholdings as requi	red by
	<i>y</i> • • •	the following section as we				Totals section belo	w, sign,	
	,	and coan/send origi	nal to Dana Christian	so she can proces	s for payment. The	hank you!		
Employee	/Administrator Cer	tification: ng services/hours of work/	attendance as design	nated above, have	been satisfactoril	y completed:		
Date								
Hours								
Date							4	
Hours				100 4 %				
Date								
Hours			ستقعادا			7		
Date								
Hours								
Total Days	:/Hours Completed:	40	Pay Rate: _\$	25.00	otal Due: \$	1,000.00		
Employee	Signature: M	gartrou	Supervisor/Progr	am Admin Signatu	re: 7	Jaste	Date:	5/22/2
		1					Revised: April 2	110

-	·	LAKARO		who we		NORTI		school, do	hereby cont	ract with the	Woodford	County Boa	rd of Ed.	
	to perform the	e following	services for	the	2022-23	School Year	only:							
Program:	LETRS TRA	INING		-		Pos	ition/Type o	of Service:	COMPLE	TION OF L	JNITS 1-4			
Date(s) to b	e Worked:	22-23 SC	HOOL YE	AR			MU	NIS Code:	1201053	0113 919	0			
Max. No. o	f Hours Per Day:		N/A		Max. No. of	Hours to b	e Worked:		40					
Rate of Pay	\$25.0	00	Total Antici	pated Comp	ensation N	ot to Exceed	d:XX	\$ 1	1,000.00					
that payme law. I furth to KRS 161	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: 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!													
	Comp	lete the fol	lowing sect	ion as work	is complete	ed. Once a	ll work is co	ompleted,	complete To	tals section	below, sign	, , , , , , , , , , , , , , , , , , ,	_,_,,	
			and scan/s	end origina	l to Dana Ch	ristian so s	he can proc	ess for pa	yment. Thai	nk you!				
	Administrator			of work/att	tendance as	designated	d above, ha	ve been sa	tisfactorily c	ompleted:				
Date						2				0.7				
Hours														
Date			4											
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Hours														
Date									V					
Hours														
Total Days	s/Hours Complet	ed:	40)	_Pay Rate:	\$	25.00	_Total Due	: _\$	1,000.00				
Employee	Signature:	Kasi	e Hak	anosil	Supervisor	r/Program A	Admin Signa	ture:	1	The !	fee	Date:	5/23/2	

I		IRY INGR	services for the	ho works at	NORTHSIE School Year only		hereby contract with ti	he Woodford County Board of Ed.
Program:	LETRS TRA		, 00. 11000 101 5110				COMPLETION OF	UNITS 1-4
Program:	LL I NO I NO	Alithito			-	, type of service.		
Date(s) to b	e Worked:	22-23 S	CHOOL YEAR			MUNIS Code:	1201053 0113 91	90
Max. No. of	f Hours Per Day	<i>r</i> :	N/A_	Max. No. o	of Hours to be Wo	orked:	40	
Rate of Pay	;\$25	.00	_Total Anticipated	Compensation I	Not to Exceed:XX	\$ 1	1,000.00	
l acknowled	dge that these	duties are d	istinct and separat	e from my norm	nal employment r	esponsibilities, a	nd therefore, subject to	o different guidelines. 1 understand tax withholdings as required by
law. I furth	er understand	that all fully	completed and sig	ned reporting fo	orms received in b	ookkeeping will b	e added to the next av	vailable regular pay date. Pursuant
			ied that these duti					
Employee S	Signature: K	am	J august	M Supervisor	r/Program Admin	Signature:	Kynsle	Date 0/1/22
	Com	plete the fo	ollowing section as	work is complet	ted. Once all wo	ork is completed,	complete Totals section	n below, sign,
							yment. Thank youl	
	war war die al Ha						E/	
	/Administrate			uk/attandanca a	or decignated abo	wa hava haan sa	tisfactorily completed	
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Total Days	s/Hours Comple		40					_
		1/NINN	1,100	CAMAL			P	Ale Date: 5/22/2
Employee	Signature:	WIII	Uf Chigle	Superviso	or/Program Admii	n Signature:	Type	Date: 5/22/2
			11 11				0 0	/ / -
			H = H					Revised: April 2019

1		HUNTER		o works at	NORTHSIDE	school, do	hereby contrac	t with the Wo	odford County Bo	oard of Ed.
	to perform the	following serv	ices for the	2022-23 Sc	chool Year only:					
Program:	LETRS TRAIL	NING			Position/Ty	pe of Service:	COMPLETI	ON OF UNIT	ΓS 1-4	
Date(s) to b	e Worked:	22-23 SCHC	OL YEAR			MUNIS Code:	1201053 0	113 9190		
Max. No. of	Hours Per Day:		N/A	Max. No. of	Hours to be Worke	ed:	40			
Rate of Pay	\$25.0	00To	tal Antici p ated C	Compensation No	t to Exceed:XX	\$:	1,000.00			
that payme law. I furth to KRS 161	dge that these duent will be processiver understand the condition of the c	sed through part all fully con	ayroll at the com	npletion of the pried reporting forms are not assigned	ogram, unless mu ns received in boo d to you past the	tually agreed on the contract of the contract	otherwise, with be added to the	normal tax wi	tnnoidings as red e regular pay dat	uirea by
Employee S	7	-EMM / f	MALL!		Program Admin Sig		- gr	Pl		4.700
	Compl	lete the follow	ving section as v d seen /send orig	vork is complete ginal to Dana Chi	d. Once all work ristlan so she can	is completed, process for pa	complete Tota yment. Thank	is section belo you!	ow, sign,	
Employee	/Administrator	Certification	: s/hours of work	k/attendance as	designated above	, have been sa	atisfactorily co	mpleted:		
Date										
Hours										
Date							4		W	
Hours						·				
Date										
Hours										
Date			V	a facility of the same of the						
Hours										
Total Day	s/Hours Complete	ed: _	40	Pay Rate:	\$ 2	5.00 Total Du	e: <u>\$</u>	1,000.00		
Employee	e Signature:	Paga	Hark	(1) Supervisor	/Program Admin S	Signature:	Fyr	No.	Da	te: <u>5/23/2</u>
									Revised: Ap	oril 2019

	1,	ERIN HEIN	<u> </u>	who works at	SOUTHSID	E school, do	hereby contract with	the Woodford Cou	nty Board of Ed.
	to perform	the following	services for the	2022-23	School Year only	:			
Program:	LETRS TR	AINING			Position,	Type of Service:	COMPLETION OF	UNITS 1-4	
Date(s) to	be Worked:	22-23 SC	CHOOL YEAR			MUNIS Code:	0501053 0113 9	190	
Max. No.	of Hours Per Da	y:	N/A	Max. No. o	of Hours to be Wo	rked:	40		
Rate of Pa	ny: \$2 !	5.00	Total Anticipate	ed Compensation N	Not to Exceed:XX	\$	1,000.00		
that paym law. I furt to KRS 16	nent will be proo ther understand 1.760, you are	cessed through	th payroll at the completed and s	completion of the signed reporting for ties are not assign	program, unless r orms received in b ned to you past th	mutually agreed o ookkeeping will l ne current school	nd therefore, subject to otherwise, with normal be added to the next all lyear.	l tax withholdings	as required by ny date. Pursuant
Employee	: Signature:	/ run	FUIVO	Supervisor	r/Program Admin	Signature:	1 garter		Date: 9/1/22
	ee/Administra	tor Certifica	and seen/send	original to Dana C	hristian so she ca	in process for pa	complete Totals section yment. Thank you! httisfactorily completed		
Date	-								
Hours									
Date									
Hours						4			
Date									
Hours							<u> </u>		
Date									
Hours									
Total Da	ys/Hours Co mp	leted:	40	Pay Rate:	\$	25.00 Total Due	e: \$ 1,000.0	00	
Employe	ee Signature:	Zhn	Hem	<i>)</i> Superviso	or/Program Admir	n Signature:	Kyent	la_	Date: 5/22/2
								Revi	sed: April 2019

	to perform the	E EDENSTR e following se		2022-23 Se	chool Year only:	school, do	hereby contract with the	ne Woodford Co	ounty Board	l of Ed.
Program:	LETRS TRA	INING			Position/Ty	pe of Service:	COMPLETION OF	UNITS 1-4		
Date(s) to b	oe Worked:	22-23 SCH	OOL YEAR	-		MUNIS Code:	0501053 0113 91	90		
Max. No. o	f Hours Per Day:	_	N/A	Max. No. of	Hours to be Worke	d:	40			
Rate of Pay	; \$25.0) 0 T	otal Anticipated	Compensation No	t to Exceed:XX	\$:	1,000.00			
that payme	ent will be proces ner understand th 760, you are he	sed through nat all fully co reby notified	payroll at the co impleted and sig that these dution	mpletion of the pr ned reporting form es are not assigned	ogram, unless mut	ually agreed o kkeeping will i urrent school	nd therefore, subject to otherwise, with normal be added to the next av I year.	tax withholding ailable regular	s as require	ed by ursuant
e e e e e e e e e e e e e e e e e e e		//					complete Totals section			
	Comp						yment. Thank you!	ii beiow, sigii,		
	e/Administrator ertify that the fol			rk/attendance as	designated above,	have been sa	tisfactorily completed:		,	k
Date										
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Date										
Hours						<u>S.</u>				
Date										3
Hours			7							
Total Days	s/Hours Co mp lete	ed:	40	Pay Rate:	\$ 25.	.00_Total Due	e: \$ 1,000.00	<u>)</u>		
Employee	Signature:	John	e Edenst	CM Supervisor/	Program Admin Sig	gnature:	Kyants	<u>e</u>	Date:	5/22/

Classified Limited Contract - 2023-2024

ogra m:	JULY 2023	ELEMENTAR	RY SUMMER SCH	OOL	Position/Type	of Service:	INSTRUCTOR -
							TIME CLOCK JOB CODE 7312158
ate(s) to be	Worked:	JULY 2023	- UP TO 6 DAY	S TOTAL AS NEEDE	D MI	UNIS Code:	0001767 0131 120X
ax. No. of H	lours Per Day	:	5	Max. No. of Ho	ours to be Worked:		UP TO 30
te of Pay:	\$25 PE	RHOUR	Total Anticipate	d Compensation Not	to Exceed:	\$750	0.00
cknowledg	e that these of	futies are di	stinct and separa	ate from my normal e	employment respon n, unless mutually ag	nsibilities, an	d therefore, subject to different guidelines. I understand that wise, with normal tax withholdings as required by law. I furthe e next available regular pay date. Pursuant to KRS 161.760, yo
iy <mark>m</mark> ent will iderstand t	e that these of be processed hat all fully co	futies are di I through pa ompleted an	stinct and separa yroll at the comp d signed reportir	ate from my normal e oletion of the program ng forms received in b to you past the curre	employment respon n, unless mutually ag ookkeeping will be	nsibilities, an greed other added to the	d therefore, subject to different guidelines. I understand that wise, with normal tax withholdings as required by law. I furthe

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 - 2023-2024

l,		L TURNER with the following services for the	who works at WCI		hereby contract with the Woodford County Board of Ed.
Program:	JULY 2023 ELEM	MENTARY SUMMER SCHO	OL Pos	ition/Type of Service:	TIME CLOCK JOB CODE 7312158
Date(s) to be W	orked: JUL	Y 2023 - UP TO 6 DAYS	TOTAL AS NEEDED	MUNIS Code:	0001767 0131 120X
Max. No. of Hou	urs Per Day:	5	Max. No. of Hours to be	: Worked:	30
Rate of Pay:	\$25 PER H	OUR Total Anticipated	Compensation Not to Exceed	: \$75	0,00
payment will be understand that	e processed thro t all fully comple fied that these	ough payroll at the comple eted and signed reporting	etion of the program, unless n	nutually agreed other ng will be added to th I year.	and therefore, subject to different guidelines. I understand that rwise, with normal tax withholdings as required by law. I further ne next available regular pay date. Pursuant to KRS 161.760, you
		1			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 PD Limited Contract - 2023-2024 - Single Event with Multiple Attendees

Program\Type of Service:	REVIEW OF ESSENTIAL STANDARDS,	, REVISION OF COMMON ASSESSMENTS & CREATION OF FY24 PACING GUIDES
Date to be Worked:	FRIDAY, JULY 7 2023	Dept/School: WCHS SPANISH DEPARTMENT

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, with normal tax withholdings as required by law. I further understand that all fully completed and signed reporting forms received in bookkeeping will be paid in accordance to the Board approved pay date schedule. Pursuant to KRS 161.760, you are hereby notified that these duties are not assigned to you past the current school year.

Employee/Administrator Certification:

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

Name	EMPLOYEE ID#	Hr. Rate	Hours	Tota	al Due	Account Code	Employee Signature/Certification of Completion
IESSICA BASANTA	11727	\$ 25.00	6	\$:	150.00	0841053 0113 9190	Masice Bus
KELLY CRAGER	12072	\$ 25.00	6	\$:	150.00	0841053 0113 9190	telly regr
HILARY PREECE	12/16/	\$ 25.00	6	\$:	150.00	0841053 0113 9190	Dilar Paga
SARAH BETH WATE	RMAN 13100	\$ 25.00	6	\$:	150.00	0841053 0113 9190	Karah & Waterman
		\$ 25.00		\$	-		
		\$ 25.00		\$	- 1		
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		\$ 25.00		\$	-		
		\$ 25.00		\$			20
		\$ 25.00		\$	-		
Totals		- 25.00	_		00.00	Pun k	7/10

Supervisor/Program Admin Signature: