

## Certified Limited Contract - 2022-2023

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

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

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

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

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

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

Employee Signature: Jill Hall Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

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

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

Employee Signature: Jill Hall Supervisor/Program Admin Signature: Jandra Southworth Date: 6/20/23  
Susan Tracy Revised: April 2019 6/23/23

## Certified Limited Contract - 2022-2023

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

Program: JUNE 2023 ELEMENTARY SUMMER SCHOOL PROGRAM Position/Type of Service: ELEMENTARY CO-COORDINATOR

Date(s) to be Worked: MARCH-JUNE 2023 MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: N/A Max. No. of Hours to be Worked: 72.5

Rate of Pay: \$35.00 PER HOUR Total Anticipated Compensation Not to Exceed: \$2,537.50 LUMP SUM PAYMENT

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: *Heather Moffett* Supervisor/Program Admin Signature: *Susan Lay* Date: 5/25/23

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 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																				
Date																				
Hours																				
Date																				
Hours																				
Date																				
Hours																				

Total Days/Hours Completed: 72.5 Pay Rate: \$35.00 PER HOUR Total Due: \$2,537.50 LUMP SUM PAYMENT

Employee Signature: *Heather Moffett* Supervisor/Program Admin Signature: *Susan Lay* Date: 6/23/23

Revised: April 2019

## Certified Limited Contract - 2022-2023

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

Program: JUNE 2023 ELEMENTARY SUMMER SCHOOL PROGRAM Position/Type of Service: ELEMENTARY CO-COORDINATOR

Date(s) to be Worked: MARCH-JUNE 2023 MUNIS Code: 0001767 0113 120X

Max. No. of Hours Per Day: N/A Max. No. of Hours to be Worked: 72.5

Rate of Pay: \$35.00 PER HOUR Total Anticipated Compensation Not to Exceed: \$2,537.50 LUMP SUM PAYMENT

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: Sandra Southworth Supervisor/Program Admin Signature: Susann Tracy Date: 5/25/23

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																				
Date																				
Hours																				
Date																				
Hours																				
Date																				
Hours																				

Total Days/Hours Completed: 72.5 Pay Rate: \$35.00 PER HOUR Total Due: \$2,537.50 LUMP SUM PAYMENT

Employee Signature: Sandra Southworth Supervisor/Program Admin Signature: Susann Tracy Date: 6/23/23

Revised: April 2019

## Certified Limited Contract - 2022-2023

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

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

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

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

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

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

Employee Signature: Keli Back Supervisor/Program Admin Signature: Susan Lay 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	<del>6/6/23</del>	<del>6/7/23</del>	<del>6/8/23</del>									
Hours	5.00	5.00	5.00									
Date	<del>6/13/23</del>	<del>6/14/23</del>	<del>6/15/23</del>									
Hours	5.00	5.00	5.00									
Date	KB 6/20/23	KB 6/21/23	KB 6/22/23									
Hours	5.00	5.00	5.00									
Date	KB 6/5/23 - SUMMER SCHOOL TRAINING											
Hours	6.00											

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

Employee Signature: Keli Back Supervisor/Program Admin Signature: Sandra Southworth Date: 6/22/23  
Susan Lay Date: 6/23/23

Revised: April 2019

## Certified Limited Contract - 2022-2023

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

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

Date(s) to be Worked: 6/22/2023 MUNIS Code: 0001767 0113 120X

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

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$175.00

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

Employee Signature: Jason Bisher Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

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

**Employee/Administrator Certification:**

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

Date																				
Hours																				
Date																				
Hours																				
Date			JCB																	
Hours			6/22/23																	
			5.00																	
Date																				
Hours																				

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

Employee Signature: Jason Bisher Supervisor/Program Admin Signature: Sandra Smithworth Date: 6/22/23  
Susan Tracy Date: 6/23/23

Revised April 2013

### Certified Limited Contract - 2022-2023

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

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

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

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

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

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

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

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

#### Employee/Administrator Certification:

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

Date	6/5/23	6/7/23	6/8/23										
Hours	5.00	5.00	5.00										

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

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

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

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

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

## Certified Limited Contract - 2022-2023

I, ALLISON WESTCOTT #13373 who works at WCMS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

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

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0852158-0113-15FJ

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

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

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

Employee Signature: Allison Westcott Supervisor/Program Admin Signature: Susan Tracy Date: 6/5/23

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

**Employee/Administrator Certification:**

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

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

Total Days/Hours Completed: 40 hrs. Pay Rate: \$35 PER HOUR Total Due: \$ 1400.00 ✓

Employee Signature: Allison Westcott Supervisor/Program Admin Signature: Susan Tracy Date: 6-22-23

Revised: April 2019

## Certified Limited Contract - 2022-2023

I, MARY RUTH HERTWECK #13410 who works at WCMS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

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

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0852158-0113-15FJ

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

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

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

Employee Signature: Mary Ruth Hertweck Supervisor/Program Admin Signature: Susan Tracy Date: 6/5/23

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

**Employee/Administrator Certification:**

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

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

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

Employee Signature: Mary Ruth Hertweck Supervisor/Program Admin Signature: Susan Tracy Date: 6/22/23

Revised: April 2019



## Certified Limited Contract - 2022-2023

I, SABRINA DEARINGER #13718 who works at WCMS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

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

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL MUNIS Code: 0852158-0113-15FJ

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

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

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

Employee Signature: Sabrina Dearing Supervisor/Program Admin Signature: Susan Tracy Date: 6/5/23

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

**Employee/Administrator Certification:**

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

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

Total Days/Hours Completed: 10 hours Pay Rate: \$35 PER HOUR Total Due: \$ 350.00 ✓

Employee Signature: Sabrina Dearing Supervisor/Program Admin Signature: Susan Tracy Date: 6/22/23

Revised: April 2019

## Certified Limited Contract - 2022-2023

I, TAYLOR BAKER #13317 who works at WCMS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2022-23 School Year only:

Program: JUNE 2023 SUMMER SCHOOL PROGRAM Position/Type of Service: MIDDLE SCHOOL COORDINATOR

Date(s) to be Worked: MARCH-JUNE 2023 MUNIS Code: 0852158-0113-15FJ

Max. No. of Hours Per Day: N/A Max. No. of Hours to be Worked: 72.5

Rate of Pay: \$35.00 PER HOUR Total Anticipated Compensation Not to Exceed: \$2,537.50 **LUMP SUM PAYMENT**

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: Taylor Baker Supervisor/Program Admin Signature: Susan Tracy Date: 6/22/23

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																				
Date																				
Hours																				
Date																				
Hours																				
Date																				
Hours																				

Total Days/Hours Completed: 72.5 Pay Rate: \$35.00 PER HOUR Total Due: \$2,537.50 **LUMP SUM PAYMENT**

Employee Signature: Taylor Baker Supervisor/Program Admin Signature: Susan Tracy Date: 6/22/23

Revised: April 2019

## 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 services for the 2022-2023 School Year only:

Program: JUNE 2023 ELEMENTARY SUMMER SCHOOL Position/Type of Service: INSTRUCTOR - JOB CODE 7312158

Date(s) to be Worked: JUNE 2023 - UP TO 6 DAYS TOTAL AS NEEDED MUNIS Code: 0001767 0131 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: UP TO 30

Rate of Pay: \$25 PER HOUR Total Anticipated Compensation Not to Exceed: \$750.00

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

Employee Signature: Emily Wiley Supervisor/Program Admin Signature: Susan Gray 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.

## Certified Limited Contract - 2022-2023

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

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

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

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

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

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

Employee Signature: [Signature] Supervisor/Program Admin Signature: Susan Levy 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	<del>6/6/23</del>	<del>6/7/23</del>	<del>6/8/23</del>										
Hours	5.00	5.00	5.00										
Date	<del>6/13/23</del>	<del>6/14/23</del>	<del>6/15/23</del>										
Hours	5.00	5.00	5.00										
Date	<del>6/20/23</del>	<del>6/21/23</del>	<del>6/22/23</del>										
Hours	5.00	5.00	5.00										
Date	<u>6/5/23</u>												
Hours	<u>5</u>												

Total Days/Hours Completed: 11 ~~17~~ Pay Rate: \$35 PER HOUR Total Due: \$ ~~1575.00~~ 875.00

Employee Signature: [Signature] Supervisor/Program Admin Signature: Samara Southworth Date: 6/22/23  
Susan Levy Date: 6/23/23 Revised: April 2022

## 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 2022-23 School Year only:

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

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

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

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

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

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

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

**Employee/Administrator Certification:**

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

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

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

Employee Signature: Debbie Spears Supervisor/Program Admin Signature: Jandra Southworth Date: 6/22/23  
Susan Tracy Date: 6/23/23

Revised: April 2019

## Certified Limited Contract - 2022-2023

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

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

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

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 45 51 86

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

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

Employee Signature: Gretchen Smith Supervisor/Program Admin Signature: Musem Tracy Date: 5/31/23

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

**Employee/Administrator Certification:**

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

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

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

Employee Signature: Gretchen Smith Supervisor/Program Admin Signature: Dana Christian Date: 6/23/23  
Musem Tracy Revised: April 2019 6/23/23

## Certified Limited Contract - 2022-2023

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

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

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

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: AS 51.88

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: \$1575.00 ~~\$1785.00~~

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

Employee Signature: Abbey Stepp Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

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

**Employee/Administrator Certification:**

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

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

Total Days/Hours Completed: 4/6 Pay Rate: \$35 PER HOUR Total Due: \$ 1610 ✓

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

### Certified Limited Contract - 2022-2023

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

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

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

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

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

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

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

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

**Employee/Administrator Certification:**

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

Date	<del>6/6/23</del>	<del>6/7/23</del>	<del>6/8/23</del>										
Hours	5.00	5.00	5.00										

Date	<del>KT</del> 6/13/23	<del>KT</del> 6/14/23	<del>KT</del> 6/15/23										
Hours	5.00	5.00	5.00										

Date	<del>KT</del> 6/20/23	<del>KT</del> 6/21/23	<del>KT</del> 6/22/23										
Hours	5.00	5.00	5.00										

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

Total Days/Hours Completed: no Pay Rate: \$35 PER HOUR Total Due \$ 1050 ✓

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/22/23  
 [Signature] Revised: April 2015 6/23/23



## Certified Limited Contract - 2022-2023

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

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

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

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

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

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

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

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

**Employee/Administrator Certification:**

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

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

Total Days/Hours Completed: 25 Pay Rate: \$35 PER HOUR Total Due: \$ 875.00 ✓

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

## Certified Limited Contract - 2022-2023

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

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

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

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

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

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

Employee Signature: *Liz Williams* Supervisor/Program Admin Signature: *Susan Tracy* Date: 5/31/23

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

**Employee/Administrator Certification:**

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

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

Total Days/Hours Completed: 30 Pay Rate: \$35 PER HOUR Total Due: \$1050 ✓

Employee Signature: *Liz Williams* Supervisor/Program Admin Signature: *Landra Southworth* Date: 6/23/23  
*Susan Tracy* Date: 6/23/23  
Revised: April 2019

## Certified Limited Contract - 2022-2023

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

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

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

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

Rate of Pay: \$35 PER HOUR Total Anticipated Compensation Not to Exceed: ~~\$1,575.00~~ \$1785 50 JA

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: Sherry Young Supervisor/Program Admin Signature: Susan Tracy Date: 5/31/23

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

**Employee/Administrator Certification:**

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

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

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

Employee Signature: Sherry Young Supervisor/Program Admin Signature: Somdha Southworth Date: 6/20/23  
Susan Tracy Revised: 6/23/23

# 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 be Worked: 45 51 88

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

*Dana Stevens*

*Susan Lay*

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 substitute work have been satisfactorily completed:

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

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

My signature verifies that the information provided above is accurate for payroll purposes.

Substitute Signature: *Dana Stevens*

Supervisor/Program Admin Signature: *Sandra Southworth* Date: 6/22/23  
*Susan Lay* Date: 6/23/23

Revised: April 2019

**Certified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: SCM Instructor  
 Date(s) to be Worked: June 5, 6, 7, 8, 15, 16 2023 MUNIS Code: 0001053-0113-9032  
 Max. No. of Hours Per Day: 7 Max. No. of Hours to be Worked: 50  
 Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$ 1,250.00

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

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/5/2023  
 Employee ID: \_\_\_\_\_

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

**Employee/Administrator Certification:**

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

Date	6/5	6/6	6/7	6/8	6/15	6/16								
Hours	6	6	6	6	6	6								
Date														
Hours														
Date														
Hours														

Total Days/Hours Completed: 36 hrs Pay Rate: \$ 25.00 - Total Due: \$ 900.00

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/5/2023

**Classified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 7, 2023 MUNIS Code: 0501053-0131-9032

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

Rate of Pay: \$12.00 Total Anticipated Compensation Not to Exceed: \$168.00

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

Employee Signature: Deana Sumner Supervisor/Program Admin Signature: [Signature] Date: 6/7/2023

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 6 hrs on 6/7/2023

**Classified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 7, 2023 MUNIS Code: 0501053-0131-9032

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

Rate of Pay: \$12.00 Total Anticipated Compensation Not to Exceed: \$168.00

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

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/7/2023  
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 14 hrs on 6/7/2023

**Classified Limited Contract - 2022-2023**

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

Program: Safe crisis management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 5, 2023 MUNIS Code: 0851053-0131-9032

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

Rate of Pay: \$12.00 Total Anticipated Compensation Not to Exceed: \$168.00

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

Employee Signature: Sarah Meckley Supervisor/Program Admin Signature: [Signature] Date: 6/5/2023

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 6 hrs on 6/5/2023



**Classified Limited Contract - 2022-2023**

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

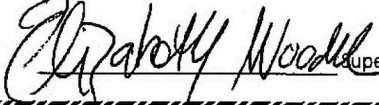

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 5, 2023 MUNIS Code: 05D1053-0131-9032

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

Rate of Pay: \$12.00 Total Anticipated Compensation Not to Exceed: \$168.00

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

Employee Signature:  Supervisor/Program Admin Signature:  Date: 6/5/2023

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.

Elizabeth completed 6 hrs on 6/5/2023

**Classified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 5, 2023 MUNIS Code: 0501053-0131-9032

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

Rate of Pay: \$12.00 Total Anticipated Compensation Not to Exceed: \$168.00

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

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/5/2023

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.

*Amanda completed 6 hrs on 6/5/2023*

**Classified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 5, 2023 MUNIS Code: 0501063-0131-9032

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

Rate of Pay: \$12.00 Total Anticipated Compensation Not to Exceed: \$168.00

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

Employee Signature: Brittany Leveque Supervisor/Program Admin Signature: [Signature] Date: 6/5/2023

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 6 hrs on 6/5/2023

**Certified Limited Contract - 2022-2023**

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

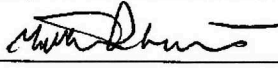

Program: safe crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 6, 2023 MUNIS Code: 0131053-0113-9032

Max. No. of Hours Per Day: 1 Max. No. of Hours to be Worked: 14

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

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

Employee Signature:  Supervisor/Program Admin Signature:  Date: June 6 23


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

**Employee/Administrator Certification:**

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

Date	<u>6/6</u>												
Hours	<u>1</u>												
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 1 hrs Pay Rate: \$ 25.00 - Total Due: \$ 150.00 -

Employee Signature:  Supervisor/Program Admin Signature:  Date: June 6 23

**Certified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 5, 2023 MUNIS Code: 0501053-0113-9032

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

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

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

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/5/2023

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

**Employee/Administrator Certification:**

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

Date	<u>6/5</u>													
Hours	<u>6</u>													
Date														
Hours														
Date														
Hours														
Date														
Hours														

Total Days/Hours Completed: 6 hrs Pay Rate: \$25.00 - Total Due: \$150.00

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/5/2023

**Certified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 6, 2023 MUNIS Code: 0131053-0113-9032

Max. No. of Hours Per Day: 1 Max. No. of Hours to be Worked: 14

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

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

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

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

**Employee/Administrator Certification:**

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

Date	<u>6/6/23</u>													
Hours	<u>6</u>													
Date														
Hours														
Date														
Hours														
Date														
Hours														

Total Days/Hours Completed: 6 hrs Pay Rate: \$ 25.00 - Total Due: \$ 150.00

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

**Certified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 6, 2023 MUNIS Code: 0131053-0113-9032

Max. No. of Hours Per Day: 1 Max. No. of Hours to be Worked: 14

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

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

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

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

**Employee/Administrator Certification:**

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

Date	<u>6/6</u>												
Hours	<u>1</u>												
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 1 hrs Pay Rate: \$ 25.00 - Total Due: \$ 150.00

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

**Certified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 7, 2023 MUNIS Code: 0501053-0113-9032

Max. No. of Hours Per Day: 1 Max. No. of Hours to be Worked: 14

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

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

Employee Signature: Emmaline McNabb Supervisor/Program Admin Signature: [Signature] Date: 6-7-23

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

**Employee/Administrator Certification:**

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

Date	<u>6/7</u>													
Hours	<u>1</u>													
Date														
Hours														
Date														
Hours														
Date														
Hours														

Total Days/Hours Completed: 10 hrs Pay Rate: \$ 25.00 - Total Due: \$ 150.00

Employee Signature: Emmaline McNabb Supervisor/Program Admin Signature: [Signature] Date: 6-7-23



**Certified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 8, 2023 MUNIS Code: 1201053-0113-9032

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

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

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

Employee Signature: Casey Knight Supervisor/Program Admin Signature: [Signature] Date: 6/9/2023

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

**Employee/Administrator Certification:**

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

Date	<u>6/9</u>												
Hours	<u>6</u>												
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 6 hrs Pay Rate: \$25.00 - Total Due: \$150.00

Employee Signature: Casey Knight Supervisor/Program Admin Signature: [Signature] Date: 6/9/2023

**Certified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 8, 2023 MUNIS Code: 0851053-0113-9032

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

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

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

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/8/2023

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

**Employee/Administrator Certification:**

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

Date	<u>6/8</u>												
Hours	<u>6</u>												
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 6 hrs Pay Rate: \$ 25.00 - Total Due: \$ 150.00 -

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/8/2023

**Certified Limited Contract - 2022-2023**

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

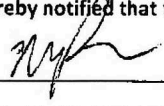
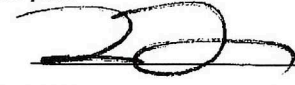
Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 15, 2023 MUNIS Code: 0841053-0113-9032

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

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

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

Employee Signature:  Supervisor/Program Admin Signature:  Date: 6/15/2023

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

**Employee/Administrator Certification:**

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

Date	<u>6/15</u>												
Hours	<u>6</u>												
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 6 hrs Pay Rate: \$ 25.00 - Total Due: \$ 150.00

Employee Signature:  Supervisor/Program Admin Signature:  Date: 6/15/2023

**Certified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 15, 2023 MUNIS Code: 0941053-0113-9032

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

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

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

Employee Signature: Zach Williams Supervisor/Program Admin Signature: [Signature] Date: 6/15/2023

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

**Employee/Administrator Certification:**

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

Date	<u>6/15</u>												
Hours	<u>6</u>												
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 6 hrs Pay Rate: \$ 25.00 - Total Due: \$ 150.00

Employee Signature: Zach Williams Supervisor/Program Admin Signature: [Signature] Date: 6/15/2023

Revised: May 2021

**Certified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 16, 2023 MUNIS Code: 0501053-D113-9032

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

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

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

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/16/2023

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

**Employee/Administrator Certification:**

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

Date	<u>6/16</u>												
Hours	<u>6</u>												
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 6 hrs Pay Rate: \$ 25.00 - Total Due: \$ 150.00

Employee Signature: [Signature] Supervisor/Program Admin Signature: [Signature] Date: 6/16/2023

**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 2022-2023 School Year only:

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training  
 Date(s) to be Worked: June 16, 2023 MUNIS Code: 0501053-0113-9032  
 Max. No. of Hours Per Day: 7 Max. No. of Hours to be Worked: 14  
 Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$350.00

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

Employee Signature: Debbie Spears Supervisor/Program Admin Signature: [Signature] Date: 6/16/2023  
 Employee ID: \_\_\_\_\_

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

**Employee/Administrator Certification:**

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

Date	<u>6/16</u>													
Hours	<u>6</u>													
Date														
Hours														
Date														
Hours														
Date														
Hours														

Total Days/Hours Completed: 6 hrs Pay Rate: \$25.00 - Total Due: \$150.00

Employee Signature: Debbie Spears Supervisor/Program Admin Signature: [Signature] Date: 6/16/2023

**Certified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 16, 2023 MUNIS Code: 0501053-0113-9032

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

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

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

Employee Signature: Bianca Bargo Supervisor/Program Admin Signature: [Signature] Date: 6/16/2023

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

**Employee/Administrator Certification:**

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

Date	<u>6/16</u>												
Hours	<u>6</u>												
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 6 hrs Pay Rate: \$ 25.00 - Total Due: \$ 150.00

Employee Signature: Bianca Bargo Supervisor/Program Admin Signature: [Signature] Date: 6/16/2023

**Certified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 16, 2023 MUNIS Code: 0501053-0113-9032

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

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

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

Employee Signature: Franca Tolliver Supervisor/Program Admin Signature: [Signature] Date: 6/16/2023

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

**Employee/Administrator Certification:**

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

Date	<u>6/16</u>												
Hours	<u>6</u>												
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 6 hrs Pay Rate: \$ 25.00. Total Due: \$ 150.00.

Employee Signature: Franca Tolliver Supervisor/Program Admin Signature: [Signature] Date: 6/16/2023

Revised: May 2021



**Certified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training

Date(s) to be Worked: June 16, 2023 MUNIS Code: 0501053-0113-9032

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

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

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

Employee Signature: Marianna Buzzelli Supervisor/Program Admin Signature: [Signature] Date: 6/16/2023

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

**Employee/Administrator Certification:**

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

Date	<u>6/16</u>													
Hours	<u>6</u>													
Date														
Hours														
Date														
Hours														
Date														
Hours														

Total Days/Hours Completed: 6 hrs Pay Rate: \$ 25.00 - Total Due: \$ 150.00

Employee Signature: Marianna Buzzelli Supervisor/Program Admin Signature: [Signature] Date: 6/16/2023

Revised: May 2021

**Certified Limited Contract - 2022-2023**

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

Program: Safe Crisis Management (SCM) Position/Type of Service: recertification training  
 Date(s) to be Worked: June 16, 2023 MUNIS Code: 0501053-0113-9032  
 Max. No. of Hours Per Day: 7 Max. No. of Hours to be Worked: 14  
 Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$ 350.00

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

Employee Signature: Sherrri Ping Supervisor/Program Admin Signature: [Signature] Date: 6/16/2023  
 Employee ID: \_\_\_\_\_

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

**Employee/Administrator Certification:**

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

Date	<u>6/16</u>												
Hours	<u>0</u>												
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 0 hrs Pay Rate: \$ 25.00 - Total Due: \$ 150.00

Employee Signature: Sherrri Ping Supervisor/Program Admin Signature: [Signature] Date: 6/16/2023

Certified PD Limited Contract

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: HUNTERTOWN

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:

Table with columns: Name (PLEASE PRINT NAME), SCHOOL, Hr. Rate, INITIAL 6/1/2023, INITIAL 6/2/2023, Total Hours, Total Due, Account Code, Certification of Completion Employee Signature. Rows include Jessica Andraesen, Sarah Congleton, Crystal Harvey, Elizabeth Hudgins, Elaine Kaiser, Allie Kiser, Amanda Nugent, Gretchen Smith, Rachel Stakelin.

Totals

\$ 1,350.00

Supervisor/Program Admin Signature:

Handwritten signature

Date: 6/5/23

**Certified PD Limited Contract**

**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

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 (PLEASE PRINT NAME)	SCHOOL	Hr. Rate	INITIAL	INITIAL	Total Hours	Total Due	Account Code	Certification of Completion	
			6/1/2023	6/2/2023				Employee Signature	
NIKKI BRANHAM	N/A		BPA	FLEX PD	0	N/A CONTRACT		N/A	Nikki Branham
ALLISON CECIL	N/A		BPA	[Redacted]	0	N/A CONTRACT		N/A	Allison Cecil
AMANDA DOWELL	N/A		BPA	[Redacted]	0	N/A CONTRACT		N/A	Amanda Dowell
SCOTT HUNDLEY	N/A		SH EXT DAY	SH EXT DAY	0	N/A CONTRACT		N/A	Scott Hundley, d/c
PAM HUNTER		\$ 25.00	BPA	STIPEND	6	\$150.00	1201053 0113 9190		Pam Hunter
PAMELA HUTCHISON		\$ 25.00	BPA	STIPEND	6	\$150.00	1201053 0113 9190		Pamela B. Hutchison
LIZ PERRY	N/A		BPA	FLEX PD	0	N/A CONTRACT		N/A	Liz Perry
ROBIN TAYLOR	N/A		N/A	N/A	0	N/A		N/A	Robin Taylor
<b>Totals</b>						\$ 300.00			

Supervisor/Program Admin Signature: Ryan Kelly Date: 6/5/23

Revised: June 2020

Certified PD Limited Contract

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: 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:

Table with columns: Name (PLEASE PRINT NAME), SCHOOL, Hr. Rate, INITIAL 6/1/2023, INITIAL 6/2/2023, Total Hours, Total Due, Account Code, Certification of Completion Employee Signature. Rows include JOE ALBERT, KELSEY BREWER, TAMELA CALMES, MEGEN EAVES, AIMEE GONZALEZ NAJERA, LIZ WILLIAMS, RYAN WILSON.

Totals

\$ 750.00

Supervisor/Program Admin Signature:

[Handwritten Signature]

6/5/23 Date:

Certified PD Limited Contract

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: SOUTHSIDE

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 (PLEASE PRINT NAME)	SCHOOL	Hr. Rate	INITIAL		Total Hours	Total Due	Account Code	Certification of Completion	
			6/1/2023	6/2/2023				Employee Signature	
ALYSSA AUSTIN		\$25.00	AA	AA	6	\$150.00	0501053 0113 9190	<i>Alyssa Austin</i>	
MARLAINA BUZZELLI		\$25.00	BPA MB	STIPEND	6	\$150.00	0501053 0113 9190	<i>Marlaina Buzzelli</i>	
KATIE CORELL		N/A	KE	FLEX PD	0	N/A CONTRACT	N/A	<i>Katie Corell</i>	
KRISTIN COYLE		<del>X</del>	KE	KCPD	0	<del>██████████</del>	<del>██████████</del>	<i>Kristin Coyle</i>	
MAKEZNIE DURR		\$25.00	STIPEND	STIPEND	12	\$300.00	0501053 0113 9190	<i>Makeznie Durr</i>	
YVONNE EDENSTROM		\$ 25.00	BPA IE	STIPEND	6	\$150.00	0501053 0113 9190	<i>Yvonne Edenstrom</i>	
JEREMY REYNOLDS		N/A	EXT DAY	EXT/DAY	0	N/A CONTRACT	N/A	<i>Jeremy Reynolds</i>	
SHANDA WARTHMAN (Virtual)		\$25.00	KEC	STIPEND	6	\$150.00	0501053 0113 9190	<i>Shanda Warthman</i>	
STEPHANIE WELLS		N/A	SW BPA	FLEX PD	0	N/A CONTRACT	N/A	<i>Stephanie Wells</i>	
<i>Darrel Beatty</i>			MB	Ext	0	N/A CONTR	N/A	<i>Darrel Beatty</i>	

Totals

\$ 900.00 ✓

Supervisor/Program Admin Signature:

*[Handwritten Signature]*  
*Susan Long*

Date: 6/6/23

**Certified PD Limited Contract**

**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

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 (PLEASE PRINT NAME)	SCHOOL	Hr. Rate	INITIAL		Total Hours	Total Due	Account Code	Employee Signature	
			6/1/2023	6/2/2023					
TAYLOR BAKER	N/A		BPA	FLEX PD	0	N/A CONTRACT	N/A	Taylor Baker	
JENNIFER BATZEL	N/A		BPA	FLEX PD	0	N/A CONTRACT	N/A	Jennifer Batzel	
ALLIE BUCHANAN		\$25.00	FLEX PD	STIPEND	6	\$150.00	0851053 0113 9190	Allie Buchanan	
MARY RUTH HERTWECK		\$25.00	FLEX PD	STIPEND	6	\$150.00	0851053 0113 9190	Mary Ruth Hertweck	
BRITTANY MILLER		\$25.00	BPA	STIPEND	6	\$150.00	150	Brittany Miller	
MARYBETH MUCCI	N/A		BPA	FLEX PD	0	N/A CONTRACT	N/A	Marybeth Mucci	
REBECCA PRESTON	N/A		EXT DAY	EXT DAY	0	N/A CONTRACT	N/A	Rebecca Preston	
AMANDA RIVERA	N/A		FLEX PD	FLEX PD	0	N/A CONTRACT	N/A	Amanda Rivera	
ADAM SWINGLE		\$25.00	BPA	STIPEND	6	\$150.00	0851053 0113 9190	Adam Swingle	
STEPHANIE TERRY		\$25.00	BPA	STIPEND	6	\$150.00	0851053 0113 9190	Stephanie Terry	
KATHERINE WAFORD	N/A		EXT DAY	EXT DAY	0	N/A CONTRACT	N/A	Katherine Waford	
RYAN WILKINS	N/A		EXT DAY	EXT DAY	0	N/A CONTRACT	N/A	Ryan Wilkins	
Eddie Daugherty		\$25	BPA	stipend	6	150.00	0851053 0113 9190	Eddie Daugherty	
Totals						\$ 900.00			

Supervisor/Program Admin Signature: \$900.00 ✓ Ryan Miller Date: 6/6/23  
 [Signature: Susan Gray]

Revised: June 2020

Certified PD Limited Contract

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: WCHS

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 (PLEASE PRINT NAME)	SCHOOL	Hr. Rate	INITIAL	INITIAL	Total	Account Code	Certification of Completion Employee Signature	
			6/1/2023	6/2/2023	Hours			Total Due
TARA ADKINS		\$25.00	BPA AH	STIPEND	6	\$150.00	0841053 0113 9190	Tara Adkins
ALLISON AVSAR		<del>\$25.00</del>	BPA AH		0	<del>\$150.00</del>		Allison Avsar
JESSICA BASANTA		\$25.00	BPA AB	STIPEND	6	\$150.00	0841053 0113 9190	Jessica Basanta
LAURA BENTON		<del>\$25.00</del>	BPA AB		0	<del>\$150.00</del>		Laura Benton
AMANDA BEST		N/A	EXT DAY	EXT DAY	0	N/A CONTRACT	N/A	Amanda Best
CHRIS BOSS		\$25.00	BPA CS	STIPEND	6	\$150.00	0841053 0113 9190	Chris Boss
RENEE BOSS		\$25.00	BPA CS	STIPEND	6	\$150.00	0841053 0113 9190	Renee Boss
LIBBI DENNEY		\$25.00	BPA PD	STIPEND	6	\$150.00	0841053 0113 9190	Libbi Denney
PAM DUNCAN		\$25.00	BPA PD	STIPEND	6	\$150.00	0841053 0113 9190	Pam Duncan
SCOTT ELLIS		N/A	BPA FE	FLEX PD	0	N/A CONTRACT	N/A	Scott Ellis
SUSAN GODMAN		\$25.00	BPA GG		0	<del>\$150.00</del>		Susan Godman
MELODY HAMILTON		N/A	BPA MH	FLEX PD	0	N/A CONTRACT	N/A	Melody Hamilton
SYDNEY HARPER		N/A	BPA SH	STIPEND	6	\$150.00	0841053 0113 9190	Sydney Harper
JESSICA KNIGHT		N/A	BPA VL		0	N/A CONTRACT	N/A	Jessica Knight
RYAN LEWIS		N/A	BPA FL	FLEX PD	0	N/A CONTRACT	N/A	Ryan Lewis
ANATOLIY LOBODA		\$25.00	BPA AZ	STIPEND	6	\$150.00	0841053 0113 9190	Anatoliy Loboda
CLAY MATTINGLY		N/A	EXT DAY	EXT DAY	0	N/A CONTRACT	N/A	Clay Mattingly
JULIE MUDD		\$25.00	BPA JM	STIPEND	6	\$150.00	0841053 0113 9190	Julie Mudd
CALEB NELSON		\$25.00	BPA CN	STIPEND	6	\$150.00	0841053 0113 9190	Caleb Nelson
TRACY PROBST		N/A	BPA TP		0	N/A CONTRACT	N/A	Tracy Probst
TYLER REED		N/A	N/A TR		0	N/A	N/A	Tyler Reed
KELSEY SWAN		N/A	BPA KS	FLEX PD	0	N/A CONTRACT	N/A	Kelsey Swan
SARAH TOWNSEND		\$25.00	BPA ST	STIPEND	5	\$125.00	0841053 0113 9190	Sarah Townsend
MILES WHITE		<del>\$25.00</del>	BPA MW	STIPEND	6	<del>\$150.00</del>	0841053 0113 9190	Miles White
MICHAEL WILLIAMS		\$25.00	BPA MW	STIPEND	6	\$150.00	0841053 0113 9190	Michael Williams
Susan Hoff			BPA SH	FLEX PD	0	N/A	N/A	Susan Hoff

Totals

\$ 1,775 ✓

Supervisor/Program Admin Signature:

*[Signature]*  
 Susan Tracy

Date: 6/5/23



Certified PD Limited Contract

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

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:

Table with columns: Name (PLEASE PRINT NAME), SCHOOL, Hr. Rate, INITIAL 6/1/2023, INITIAL 6/2/2023, Total Hours, Total Due, Account Code, Employee Signature. Includes entries for COURTNEY CHANEY, KIMMY DAMRON, SHANA FAESY, KIM JOHNSON, CHLOE LEE, and ABBEY STEPP.

Totals

\$ 300.00 6600.00

Supervisor/Program Admin Signature:

[Handwritten Signature]

6/5/23 Date:

Certified PD Limited Contract

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:

Name (PLEASE PRINT NAME)	SCHOOL	Hr. Rate	INITIAL		Total Hours	Total Due	Account Code	Certification of Completion	
			6/1/2023	6/2/2023				Employee Signature	Supervisor Signature
JEN BROWN		N/A	BPA	FLEX PD	0	N/A CONTRACT	N/A	<i>[Signature]</i>	
LOGAN CULBERTSON		N/A	EXT DAY	EXT DAY	0	N/A CONTRACT	N/A	<i>[Signature]</i>	
MATTHEW HAUGHTON		\$25.00	BPA	STIPEND	6	\$150.00	0131053 0113 9190	<i>[Signature]</i>	
KARI HOUSHOLDER		N/A	BPA	FLEX PD	0	N/A CONTRACT	N/A	<i>[Signature]</i>	
SARAH PATTON		\$25.00	BPA	STIPEND	6	\$150.00	0131053 0113 9190	<i>[Signature]</i>	
STEPHEN POWERS		\$ 25.00	BPA	STIPEND	6	\$150.00	0131053 0113 9190	<i>[Signature]</i>	
<b>Totals</b>						\$ 450.00			

Supervisor/Program Admin Signature: *[Signature]* Date: 6/5/23

Revised: June 2020

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

Program\Type of Service:

WCHS English Department PLC Alignment Day

Date to be Worked:

5/31/2023 8:30 AM - 3:30 PM

Dept/School: WCHS

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	School	Hr. Rate	Hours	Total Due	Account Code	Employee Signature/Certification of Completion
Allison Avsar	WCHS	\$ 25.00	6	\$ 150.00	0841918 0113 9190	<i>Allison Avsar</i>
Laura Benton	WCHS	\$ 25.00	6	\$ 150.00	0841918 0113 9190	<i>Laura Benton</i>
Chris Boss	WCHS	\$ 25.00	6	\$ 150.00	0841918 0113 9190	<i>Chris Boss</i>
Renee Boss	WCHS	\$ 25.00	6	\$ 150.00	0841918 0113 9190	<i>Renee Boss</i>
Libbi Denney	WCHS	\$ 25.00	6	\$ 150.00	0841918 0113 9190	<i>Libbi Denney</i>
Kellie Griffie	WCHS	\$ 25.00	4K	\$ <del>100.00</del>	0841918 0113 9190	<i>Kellie Griffie</i>
Claire Hogg	WCHS	\$ 25.00	5	\$ <del>125.00</del>	0841918 0113 9190	<i>Claire Hogg</i>
Madison Kamer	WCHS	\$ 25.00	5	\$ <del>125.00</del>	0841918 0113 9190	<i>Madison Kamer</i>
Stephanie Maynard	WCHS	\$ 25.00	6	\$ 150.00	0841918 0113 9190	<i>Stephanie Maynard</i>
<del>Matthew Williams</del>	<del>WCHS</del>	<del>\$ 25.00</del>	<del>6</del>	<del>\$ 150.00</del>	<del>0841918 0113 9190</del>	<del></del>
Amanda Moffett	WCHS	\$ 25.00	6	\$ 150.00		<i>Amanda Moffett</i>
<b>Totals</b>				<del>\$ 1,500.00</del>		<b>\$1,400.00</b>

Supervisor/Program Admin Signature: *[Signature]*

Date: 6/5/23

Revised: June 2020

## Classified Limited Contract - 2022-2023

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

Program: JUNE 2023 ELEMENTARY SUMMER SCHOOL Position/Type of Service: INSTRUCTOR - JOB CODE 7312158

Date(s) to be Worked: JUNE 2023 - UP TO 9 DAYS TOTAL AS NEEDED MUNIS Code: 0001767 0131 120X

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

Rate of Pay: \$25 PER HOUR Total Anticipated Compensation Not to Exceed: \$1,125.00

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

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

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.

# 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 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	Total		Account Code	Certification of Completion
			Hours	Total Due		Employee Signature
SANDRA ADAMS	CO	\$25.00	6	\$150.00	0001053 0113 9190	<i>Sandra Adams</i>
CHRIS BOSS	HS	\$25.00	01	<del>\$25.00</del> 25.00	0841053 0113 9190	<i>Chris Boss</i>
<del>LOGAN CULBERTSON</del>	<del>SHA</del>	<del>\$25.00</del>	<del>6</del>	<del>\$150.00</del>	<del>0121053 0113 9190</del>	
LIBBI DENNEY	HS	\$25.00	1.25	31.25 <del>\$150.00</del>	0841053 0113 9190	<i>Libbi Denney</i>
PAM DUNCAN	HS	\$25.00	4x	100.00 <del>\$250.00</del>	0841053 0113 9190	<i>Pam Duncan</i>
SCOTT ELLIS	HS	\$25.00	6	\$150.00	0841053 0113 9190	<i>Scott Ellis</i>
<del>SARAH MAYNARD</del>	<del>HS</del>	<del>\$25.00</del>	<del>6</del>	<del>\$150.00</del>	<del>0841053 0113 9190</del>	
CALEB NELSON	HS	\$25.00	4x	100.00 <del>\$250.00</del>	0841053 0113 9190	<i>Caleb Nelson</i>
STEPHEN POWERS	SHA	\$25.00	4x	100.00 <del>\$250.00</del>	0131053 0113 9190	<i>Stephen Powers</i>
JENNIFER SMITH	HS	\$25.00	6	\$150.00	0841053 0113 9190	
MICHAEL WILLIAMS	HS	\$25.00	6	\$150.00	0841053 0113 9190	

Totals **7** PARTICIPANTS

\$1,650.00 **656.25**

Supervisor/Program Admin Signature: *[Signature]*

Date: *6/12/23*

### 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 PM  
 Date to be Worked: THURSDAY, JUNE 8, 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 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	Total		Account Code	Certification of Completion
			Hours	Total Due		Employee Signature
SANDRA ADAMS	CO	\$25.00	6	\$150.00	0001053 0113 9190	<i>Sandra Adams</i>
CHRIS BOSS	HS	\$25.00	6	\$150.00	0841053 0113 9190	<i>Chris Boss</i>
<del>LOGAN CULBERTSON</del>	<del>SHA</del>	<del>\$25.00</del>	<del>6</del>	<del>\$150.00</del>	<del>0001053 0113 9190</del>	<del><i>Logan Culbertson</i></del>
LIBBI DENNEY	HS	\$25.00	6	\$150.00	0841053 0113 9190	<i>Libbi Denney</i>
PAM DUNCAN	HS	\$25.00	6	\$150.00	0841053 0113 9190	<i>Pam Duncan</i>
SCOTT ELLIS	HS	\$25.00	6	\$150.00	0841053 0113 9190	<i>Scott Ellis</i>
SARAH MAYNARD	HS	\$25.00	6	\$150.00	0841053 0113 9190	<i>Sarah Maynard</i>
CALEB NELSON	HS	\$25.00	6	\$150.00	0841053 0113 9190	<i>Caleb Nelson</i>
<del>STEPHEN POWERS</del>	<del>SHA</del>	<del>\$25.00</del>	<del>6</del>	<del>\$150.00</del>	<del>0001053 0113 9190</del>	<del><i>Stephen Powers</i></del>
JENNIFER SMITH	HS	\$25.00	6	\$150.00	0841053 0113 9190	<i>Jennifer Smith</i>
MICHAEL WILLIAMS	HS	\$25.00	6	\$150.00	0841053 0113 9190	<i>Michael Williams</i>

Totals **9** PARTICIPANTS

X \$1,350.00

Supervisor/Program Admin Signature: *[Signature]*

Date: 6/12/23

## Certified Limited Contract - 2022-2023

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

Program: SPRING 2023 BEST PRACTICE ACADEMY Position/Type of Service: PRESENTER - "GT STRATEGIES IN THE CLASSROOM"

Date(s) to be Worked: May/2023 MUNIS Code: 0001011 0113 130X

Max. No. of Hours Per Day: N/A Max. No. of Hours to be Worked: 12

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$ 300.00

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

Employee Signature: Michael Grigsby Supervisor/Program Admin Signature: Susan Lay 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	<del> </del>									
Hours	<del> </del>									
Date	<del> </del>									
Hours	<del> </del>									
Date	<del> </del>									
Hours	<del> </del>									
Date	<del> </del>									
Hours	<del> </del>									

Total Days/Hours Completed: \_\_\_\_\_ 12 Pay Rate: \$ 25.00 Total Due: \$300.00

Employee Signature: Michael Grigsby Supervisor/Program Admin Signature: Susan Lay Date: 5/6/23

Revised: April 2019

## Certified Limited Contract - 2022-2023

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

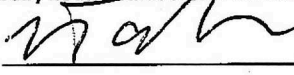

Program: SCIENCE CURRICULUM Position/Type of Service: ELEM SCIENCE CURRICULUM MAP REVISIONS

Date(s) to be Worked: MAY 2023 MUNIS Code: 1201053 0113 9795

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

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$ 50.00

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

Employee Signature:  Supervisor/Program Admin Signature:  Date: 5/10/23

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

**Employee/Administrator Certification:**

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

Date	5/29/23																			
Hours	2																			
Date																				
Hours																				
Date																				
Hours																				
Date																				
Hours																				

Total Days/Hours Completed: 2 Pay Rate: \$ 25.00 Total Due: \$50.00 -

Employee Signature:  Supervisor/Program Admin Signature:  Date: 6/5/23

Revised: April 2019



### Certified Limited Contract - 2022-2023

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

Program: SCIENCE CURRICULUM Position/Type of Service: ELEM SCIENCE CURRICULUM MAP REVISIONS

Date(s) to be Worked: MAY 2023 MUNIS Code: 0901053 0113 9795

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

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$ 50.00

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

Employee Signature: Stephanie L. Lanter Supervisor/Program Admin Signature: [Signature] Date: 5/10/23

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

**Employee/Administrator Certification:**

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

Date	5-24-23												
Hours	1												
Date	5-25-23												
Hours	1												
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 2 Pay Rate: \$ 25.00 Total Due: \$ 50.00

Employee Signature: Stephanie L. Lanter Supervisor/Program Admin Signature: [Signature] Date: 6/6/23

## Certified Limited Contract - 2022-2023

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

Program: SCIENCE CURRICULUM Position/Type of Service: ELEM SCIENCE CURRICULUM MAP REVISIONS

Date(s) to be Worked: MAY 2023 MUNIS Code: 1201053 0113 9795

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

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed: \$ 50.00

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

Employee Signature: Kamry Ingram Supervisor/Program Admin Signature: Ryan Allen Date: 5/10/23

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

**Employee/Administrator Certification:**

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

Date	5/22	5/23											
Hours	1	1											
per her email 5/25/23 dlc													
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 2 Pay Rate: \$ 25.00 Total Due: \$50.00.

Employee Signature: Kamry Ingram Supervisor/Program Admin Signature: Ryan Allen Date: 5/25/23

## Certified Limited Contract - 2022-2023

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

Program: SCIENCE CURRICULUM Position/Type of Service: WCMS SCIENCE CURRICULUM MAP REVISIONS

Date(s) to be Worked: MAY 2023 MUNIS Code: 0851053 0113 9795

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

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

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

Employee Signature: Monica Elmore Supervisor/Program Admin Signature: Ryan Asher Date: 5/19/23

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

**Employee/Administrator Certification:**

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

Date	5/22	5/24	5/25	5/29									
Hours	1	1	1	2									
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 5 Pay Rate: \$ 25.00 Total Due: \$ 125.00

Employee Signature: Monica Elmore Supervisor/Program Admin Signature: Ryan Asher Date: 6/5/23

## Certified Limited Contract - 2022-2023

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

Program: SCIENCE CURRICULUM Position/Type of Service: WCMS SCIENCE CURRICULUM MAP REVISIONS

Date(s) to be Worked: MAY 2023 MUNIS Code: 0851053 0113 9795

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

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

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

Employee Signature: Taylor Baker Supervisor/Program Admin Signature: Ryan Asher Date: 5/19/23

Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and ~~send~~ 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	05/15	05/17	05/19																	
Hours	1	1	3																	
Date																				
Hours																				
Date																				
Hours																				
Date																				
Hours																				

Total Days/Hours Completed: 5 Pay Rate: \$ 25.00 Total Due: \$ 125.00

Employee Signature: Taylor Baker Supervisor/Program Admin Signature: Ryan Asher Date: 5/19/23

## Certified Limited Contract - 2022-2023

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

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

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

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

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

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

Employee Signature: Monica Elmore Supervisor/Program Admin Signature: [Signature] Date: 5/19/23

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

**Employee/Administrator Certification:**

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

Date	5/11	5/16	5/17	5/20									
Hours	1	2	1	1									
Date													
Hours													
Date													
Hours													
Date													
Hours													

Total Days/Hours Completed: 5 Pay Rate: \$ 25.00 Total Due: \$ 125.00

Employee Signature: Monica Elmore Supervisor/Program Admin Signature: [Signature] Date: 5/19/23

## Certified Limited Contract - 2022-2023

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

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

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

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

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

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

Employee Signature:  Supervisor/Program Admin Signature:  Date: 5/19/23

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

**Employee/Administrator Certification:**

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

Date	5/26	5/27	5/30											
Hours	1.0	1.0	3.0											
Date														
Hours														
Date														
Hours														
Date														
Hours														

Total Days/Hours Completed: 5.0 Pay Rate: \$ 25.00 Total Due: \$ 125.00 <sup>#</sup>

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

## Certified Limited Contract - 2022-2023

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

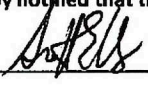

Program: SCIENCE CURRICULUM Position/Type of Service: WCHS SCIENCE CURRICULUM MAP REVISIONS

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

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

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

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

Employee Signature:  Supervisor/Program Admin Signature:  Date: 5/19/23



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

**Employee/Administrator Certification:**

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

Date		5/30	6/5									
Hours		1	3									
Date												
Hours												
Date												
Hours												
Date												
Hours												

Total Days/Hours Completed: 4 Pay Rate: \$ 25.00 Total Due: \$ 100<sup>00</sup>

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

### Certified Limited Contract - 2022-2023

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

Program: LETRS TRAINING Position/Type of Service: COMPLETION OF UNITS 1-4

Date(s) to be Worked: 22-23 SCHOOL YEAR MUNIS Code: 1201053 0113 9190

Max. No. of Hours Per Day: N/A Max. No. of Hours to be Worked: 40

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed:XX \$ 1,000.00

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

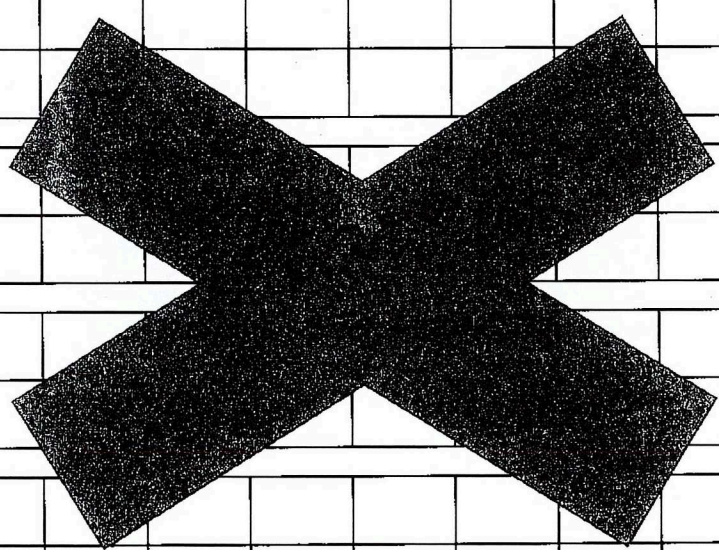
Employee Signature: Megan Tracey Supervisor/Program Admin Signature: [Signature] Date: 9/1/22

-----  
 Complete the following section as work is completed. Once all work is completed, complete Totals section below, sign, and ~~copy~~ 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													
Date													
Hours													
Date													
Hours													
Date													
Hours													



Total Days/Hours Completed: 40 Pay Rate: \$ 25.00 Total Due: \$ 1,000.00

Employee Signature: Megan Tracey Supervisor/Program Admin Signature: [Signature] Date: 5/22/22



## Certified Limited Contract - 2022-2023

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

Program: LETRS TRAINING Position/Type of Service: COMPLETION OF UNITS 1-4

Date(s) to be Worked: 22-23 SCHOOL YEAR MUNIS Code: 1201053 0113 9190

Max. No. of Hours Per Day: N/A Max. No. of Hours to be Worked: 40

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed:XX \$ 1,000.00

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

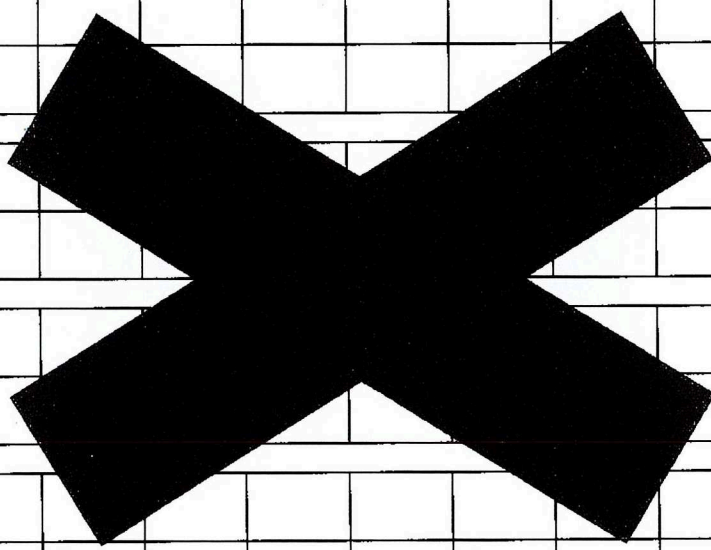
Employee Signature: Kasie Lakarosky Supervisor/Program Admin Signature: [Signature] Date: 9/22/22

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													
Date													
Hours													
Date													
Hours													
Date													
Hours													



Total Days/Hours Completed: 40 Pay Rate: \$ 25.00 Total Due: \$ 1,000.00

Employee Signature: Kasie Lakarosky Supervisor/Program Admin Signature: [Signature] Date: 9/22/22

## Certified Limited Contract - 2022-2023

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

Program: LETRS TRAINING Position/Type of Service: COMPLETION OF UNITS 1-4

Date(s) to be Worked: 22-23 SCHOOL YEAR MUNIS Code: 1201053 0113 9190

Max. No. of Hours Per Day: N/A Max. No. of Hours to be Worked: 40

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed:XX \$ 1,000.00

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

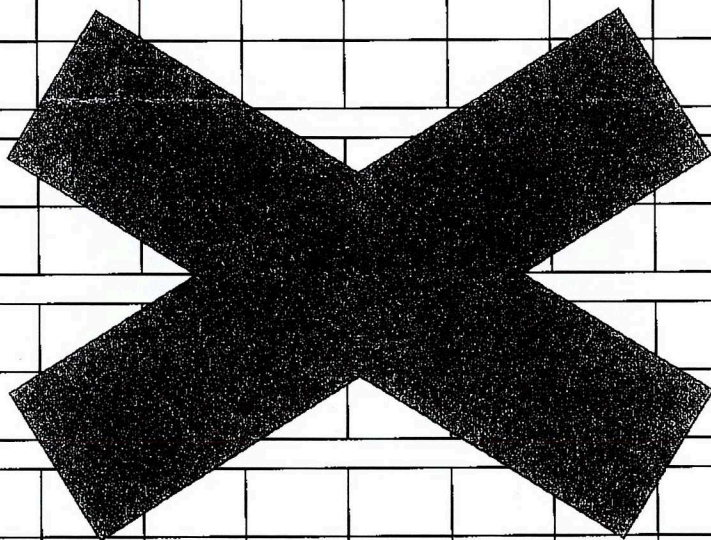
Employee Signature: Kamry Ingram Supervisor/Program Admin Signature: Ryan Allen Date: 9/1/22

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

**Employee/Administrator Certification:**

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

Date													
Hours													
Date													
Hours													
Date													
Hours													
Date													
Hours													



Total Days/Hours Completed: 40 Pay Rate: \$ 25.00 Total Due: \$ 1,000.00

Employee Signature: Kamry Ingram Supervisor/Program Admin Signature: Ryan Allen Date: 5/22/23

Revised: April 2019

## Certified Limited Contract - 2022-2023

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

Program: LETRS TRAINING Position/Type of Service: COMPLETION OF UNITS 1-4

Date(s) to be Worked: 22-23 SCHOOL YEAR MUNIS Code: 1201053 0113 9190

Max. No. of Hours Per Day: N/A Max. No. of Hours to be Worked: 40

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed:XX \$ 1,000.00

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

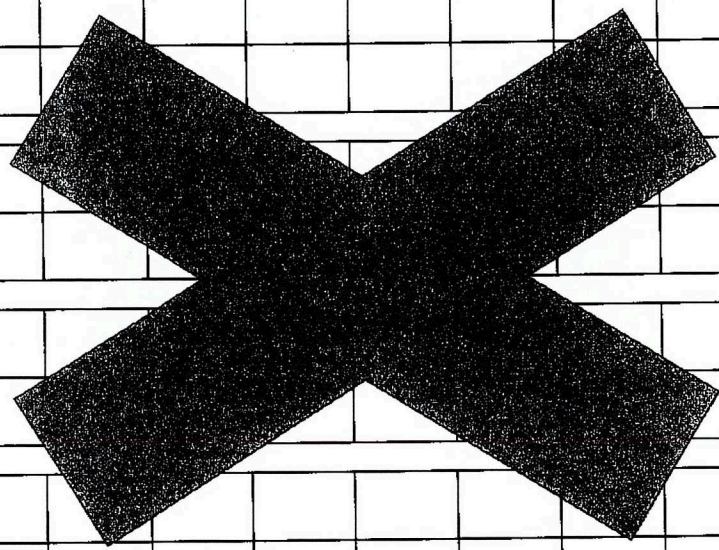
Employee Signature: Pam Hunter Supervisor/Program Admin Signature: [Signature] Date: 9/1/22

-----  
 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										
Date										
Hours										
Date										
Hours										
Date										
Hours										



Total Days/Hours Completed: 40 Pay Rate: \$ 25.00 Total Due: \$ 1,000.00

Employee Signature: Pam Hunter Supervisor/Program Admin Signature: [Signature] Date: 5/22/22

## Certified Limited Contract - 2022-2023

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

Program: LETRS TRAINING Position/Type of Service: COMPLETION OF UNITS 1-4

Date(s) to be Worked: 22-23 SCHOOL YEAR MUNIS Code: 0501053 0113 9190

Max. No. of Hours Per Day: N/A Max. No. of Hours to be Worked: 40

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed:XX \$ 1,000.00

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

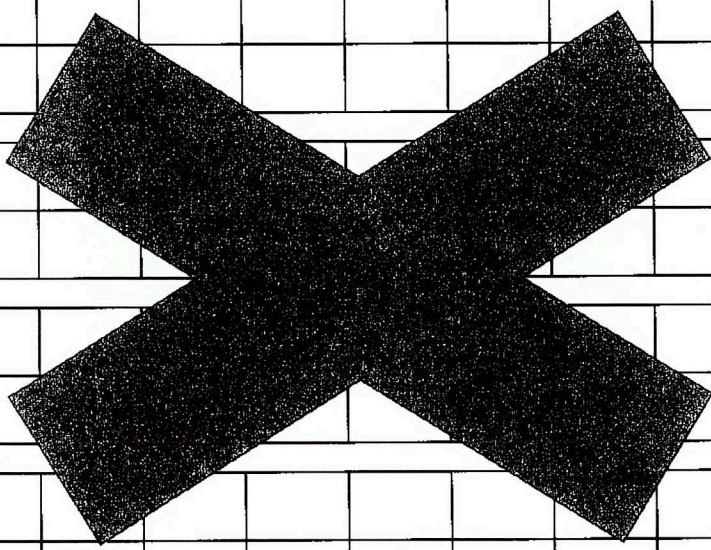
Employee Signature: *Erin Heim* Supervisor/Program Admin Signature: *Ryan Allen* Date: 9/1/22

-----  
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													
Date													
Hours													
Date													
Hours													
Date													
Hours													



Total Days/Hours Completed: 40 Pay Rate: \$ 25.00 Total Due: \$ 1,000.00

Employee Signature: *Erin Heim* Supervisor/Program Admin Signature: *Ryan Allen* Date: 5/22/23

## Certified Limited Contract - 2022-2023

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

Program: LETRS TRAINING Position/Type of Service: COMPLETION OF UNITS 1-4

Date(s) to be Worked: 22-23 SCHOOL YEAR MUNIS Code: 0501053 0113 9190

Max. No. of Hours Per Day: N/A Max. No. of Hours to be Worked: 40

Rate of Pay: \$25.00 Total Anticipated Compensation Not to Exceed:XX \$ 1,000.00

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

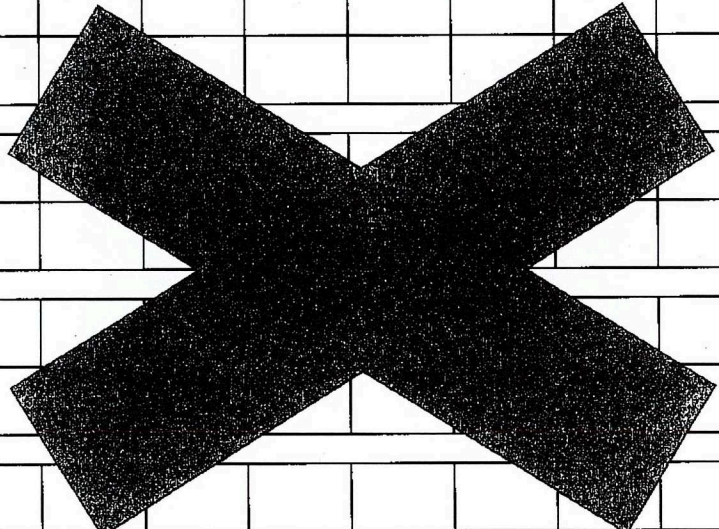
Employee Signature: Yvonne Edenstrom Supervisor/Program Admin Signature: [Signature] Date: 9/1/22

-----  
 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													
Date													
Hours													
Date													
Hours													
Date													
Hours													



Total Days/Hours Completed: 40 Pay Rate: \$ 25.00 Total Due: \$ 1,000.00

Employee Signature: Yvonne Edenstrom Supervisor/Program Admin Signature: [Signature] Date: 9/22/22

# Classified Limited Contract - 2023-2024

I, ANGELA ROBERTS who works at SIMMONS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2023-2024 School Year only:

Program: JULY 2023 ELEMENTARY SUMMER SCHOOL Position/Type of Service: INSTRUCTOR -

TIME CLOCK JOB CODE 7312158

Date(s) to be Worked: JULY 2023 - UP TO 6 DAYS TOTAL AS NEEDED MUNIS Code: 0001767 0131 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: UP TO 30

Rate of Pay: \$25 PER HOUR Total Anticipated Compensation Not to Exceed: \$750.00

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

Employee Signature: *Angela Roberts* Supervisor/Program Admin Signature: *Susan Tracy* Date: 7/7/23

## 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**

I, ABIGAIL TURNER who works at WCMS school, do hereby contract with the Woodford County Board of Ed. to perform the following services for the 2023-2024 School Year only:

Program: JULY 2023 ELEMENTARY SUMMER SCHOOL Position/Type of Service: TIME CLOCK JOB CODE 7312158

Date(s) to be Worked: JULY 2023 - UP TO 6 DAYS TOTAL AS NEEDED MUNIS Code: 0001767 0131 120X

Max. No. of Hours Per Day: 5 Max. No. of Hours to be Worked: 30

Rate of Pay: \$25 PER HOUR Total Anticipated Compensation Not to Exceed: \$750,00

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

Employee Signature: *Abigail Turner* Supervisor/Program Admin Signature: *Juan Iray* Date: 7/11/23

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.

# 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	Total Due	Account Code	Employee Signature/Certification of Completion
JESSICA BASANTA	11727	\$ 25.00	6	\$ 150.00	0841053 0113 9190	<i>Jessica Basanta</i>
KELLY CRAGER	12072	\$ 25.00	6	\$ 150.00	0841053 0113 9190	<i>Kelly Crager</i>
HILARY PREECE	12161	\$ 25.00	6	\$ 150.00	0841053 0113 9190	<i>Hilary Preece</i>
SARAH BETH WATERMAN	13100	\$ 25.00	6	\$ 150.00	0841053 0113 9190	<i>Sarah E. Waterman</i>
		\$ 25.00		\$ -		
		\$ 25.00		\$ -		
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<b>Totals</b>				\$ 600.00		

Supervisor/Program Admin Signature: *Ryan Ace* Date: 7/10/23