CERTIFICATED EMPLOYEE CONTRACT/AGREEMENT	Name
(year) CONFERENCE	(First, Middle, Last) Address
Address: Phone Number:	Address
EMPLOYMENT CLASSIFICATION	City/State/Zip
Internship (9005.A) [ ] Regular (9005.B) [ ]	Years of Teaching Experience
Administrative (9005.C) [ ]	Employed at
Probationary (9005.D) [ ]	(Name of School)
Transfer (9005.E) [ ]	Tentative Grade Assignment
DEGREE HELD	COMPENSATION Period: [ ] ten months [ ] twelve months
B.A./B.S. [ ] MA/MS/MAT/MEd [ ] Other (specify) [ ]	ERI/Cost of Living Area
Cities (openity)	Percentage of Full-Time
<u>CERTIFICATE</u> <u>EXPIRATION DATE</u>	Monthly Rate
Basic [ ] Standard [ ]	Annual Rate
Professional [ ]	
Administrative [ ] Conditional [ ]	Salary Placement Percentage
Designated Subject [ ]	Report to Work Date
	Last Day of Duty
AS A CONDITION OF THIS CONTRACT/AGR	EEMENT, THE EMPLOYEE AGREES TO:
Perform in a professional manner the duties assigned/delegated as authorized by the (Conference Name) K-12/K-10 Board or	•
<ol> <li>Accept as a condition of this contract the duties, responsibilities, Union Education Code and (Conference) Education Handbo</li> </ol>	and policies stated in the current edition of the Columbia
<ul><li>part of this Contract/Agreement;</li><li>3. Uphold the basic beliefs, standards, and policies of the Seventh-or</li></ul>	day Advantict Church
<ol> <li>Uphold the basic beliefs, standards, and policies of the Seventh-c</li> <li>Establish and maintain current certification as required by the No</li> </ol>	· ·
responsibility of the employee to complete certification requiren Failure to meet this requirement may result in a compensation a employee may be liable to return any excess compensation paid	djustment that would reflect your certification status. The
appropriate certification may also result in termination; and	on postation of a continuous complication in an all continuous
5. Have on file the following:  [ ] Physical [ ] Form I-9 [ ] Child Abuse Statement	ent (if applicable) [ ] Criminal Background Check
	is contract/agreement shall be governed under the laws of the
State of (State Name), with venue of any action concerning County/State).	the breach of the contract/agreement in (Town/City;
To validate employment, this original copy must be signed and re (date). The original copy will be signed by the employer. A c	
duplicate copy will be sent to the local school for its personnel fil contracts/agreements.	
	2475
DATE Signature of Employee	DATE Signature of Employer

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