

CUMBERLAND COUNTY SCHOOLS

NON-CERTIFIED SUPPLEMENT AGREEMENT

School Year _____

I, _____, of my own free will, choose to participate as a _____ for Cumberland County Schools. My time and service in this capacity are given without promise, expectation or receipt of any additional form of compensation, benefits or other remuneration for this service other than any stipend amount outlined in this agreement.

I understand and agree that my participation is not being performed in the course and scope of my regular employment, and that my participation in this activity is not in any way required by the Cumberland County Board of Education. I acknowledge and agree that my supplemental services do not involve the same or similar type of services I perform as an employee of Cumberland County Schools. I further acknowledge and agree that my supplemental services are not closely related to my duties and responsibilities as an employee. I understand that, in my supplemental role, I will receive a stipend of \$_____.

I agree to fulfill the role and responsibilities as expected of a representative of Cumberland County Schools; observe the rules, regulations and policies of the administration and of Cumberland County Schools, and to conduct myself in an ethical manner.

I understand that my participation in this role may be terminated at any time, without cause.

This agreement will continue in force until terminated.

Employee Signature

Date

Administrator Signature

Date

