



EMPLOYMENT CONTRACT

Huron School District No. 2-2, Huron, South Dakota

03/07/2025

Jacob Dschaak

YOU ARE HEREBY OFFICIALLY NOTIFIED, that you have been elected as a **Teacher** in the Huron School District No. 2-2, whose address is City of Huron on the annual salary basis of **\$16,471** for the school term, or the remaining part thereof, of the designated number of teaching days, inclusive of days arranged for pre-school planning, beginning **03/03/2025** and subject to the calendar, or modifications of the same, as adopted by the Board of Education. The salary is to be paid the twentieth day of each of the twelve calendar months.

Your election is subject to the school laws of the State of South Dakota and to the salary schedule and contractual elements rules and regulations of the Board of Education of the Huron School District No. 2-2, which are hereby by reference, incorporated in and made a part of this contract as though set forth herein at length, subject to the right of said Board to terminate the contract for cause, to be determined upon by the Board, and subject to your right to resign upon giving thirty (30) days notice thereof, in writing to said Board within 15 days of issuance of contract.

It is further contracted and agreed that your failure to complete the term of employment prescribed herein for any cause, including but not limited to dismissal or resignation, constitutes a financial damage to the Huron School District No. 2-2 and that from the nature of the case it might be impractical or difficult to fix the actual damage. **THEREFORE**, it is understood and agreed that your failure to complete the term provided herein shall result in the following liquidated damages: failures occurring May 15 through May 31 for the ensuing year, damages shall be assessed at \$250.00. For breaking a contract June 1 through June 10, damages shall be assessed at \$500.00, for breaking of a contract June 11 through June 20, \$750.00 and for breaking of a contract June 21 through June 30, \$1000.00. For breaking a contract July 1 through July 31, damages shall be assessed at \$2,000.00 and breaking of contract August 1 and for the duration of the first semester, damages shall be assessed at \$3,000.00. Damages will be assessed at \$1,500.00 for breaking of a contract anytime during the 2nd semester. The Board reserves the right to request the Department of Education to suspend the employee's certification for one year in lieu of monetary damages in accordance with SDCL 13-42-9. Employees who are not full-time employees of the district shall be assessed damages at a percentage which matches their percent of employment.

It is further understood and agreed that resignations shall not become effective until approved by the Board of Education at the next meeting following receipt of said resignation. Further, it is hereby agreed that you will pay to the Huron School District No. 2-2, or the Huron School District No. 2-2 will withhold or appropriate

from any monies owed by them to you, and you hereby authorize such withholding or appropriation, the appropriate sum herein above set forth as liquidated damages due to your failure to complete said term.

This agreement becomes a binding contract when signed by the employee and the Board of Education.

Hired March of the 2024-2025 School year with 5 years of teaching experience. Starting salary is calculated based on contracted daily pay of remaining school year calendar, with start date of March 3, 2025. Certification was completed March 6, 2025, will be paid as a substitute for the three days prior to certificate completion. Agreeing to this contract includes the following: Teachers new to the District are expected to work an additional 5 days prior to the start of the school year. (You will complete the 5 days in Fall 2025.) During this time, the teacher will receive appropriate training in District programs & have time to become adequately prepared for the new school year.

BA

Base Contract: \$16,471

***CONTRACT MUST BE SIGNED AND RETURNED TO THE SUPERINTENDENT'S OFFICE BY 03/10/2025

TO THE BOARD OF EDUCATION OF THE HURON SCHOOL DISTRICT NO. 2-2
CITY OF HURON, BEADLE COUNTY, SOUTH DAKOTA

I hereby accept the position mentioned in the foregoing contract of hiring in the Public Schools of Huron, South Dakota, at the salary and upon and under the terms and conditions of the above and foregoing contract and have carefully read said contract and am fully informed as to the contents. I agree to attend such pre-school planning days as are scheduled exclusive of the designated number of contract days. "I clearly understand that it is my responsibility to be fully certified with the State of South Dakota for the duration of this contract. I accept that my pay will cease on October 1, and my employment may be terminated or suspended without pay until such time that I meet the certification requirements of the job."

Employee Signature <i>Jacob Dochaak</i>	Date 03/07/2025 02:31 pm
Chairman of School District Board Signature <i>Tim Van Berkum</i>	Date 03/07/2025 03:47 pm
Business Manager of School District Signature <i>Kelly Christopherson</i>	Date 03/07/2025 03:50 pm

2025-26 Educational Structure Change Request Form
due on or before April 1, 2025

Submitted by: Dr. Kraig Steinhoff

Title: Superintendent

Email Address: kraig.steinhoff@k12.sd.us

Phone #: 605-353-6990

District/
Agency #: 02-2

District/Agency Name: Huron School District

No changes to report for any school within district/agency.

**** If there are no changes to report for your entire school district/agency, you do not need to complete the remainder of the form.**

School #: 18

School Name: Buchanan K-1 Center

**** Complete this form for each school that has educational structure changes for the 2025-26 school year.**

Close District/Agency

**** If the district/agency is closing, where will the student records be stored?**

Close School

Suspend operation of school for 2025-26 school year

New School

*** If you are adding a new school, please answer additional questions on pg. 2.**

Change District Name to

Change School Name to

Change Grade Span to

adding a Jr Kindergarten

Reason for Educational Structure change

adding Jr Kindergarten



3-7-25

Superintendent Signature

Date

New School Application

****Complete only if you are adding a new school.****

1. Name of new school

2. Grade span of new school

3. Name of principal

4. Principal phone number

5. Principal fax number

6. Principal e-mail address

7. School mailing address

8. School physical address

9. Type of school (choose one)

Regular School

A school is a public elementary/secondary school that does not focus primarily on career and technical or special education, although it may provide these programs in addition to a regular curriculum.

Special Education School

A special education school is an elementary/secondary school that focuses primarily on serving the educational needs of students with disabilities (IDEA) and which adapts curriculum, materials, or instruction for these students.

CTE School

A career and technical education school is an elementary/secondary school that focuses primarily on providing secondary students with an occupationally relevant or career-related curriculum, including formal preparation for technical or professional occupations.

Auxiliary Placement Program

An auxiliary placement program is an elementary or secondary school that addresses the needs of students that typically cannot be met in a regular school program and is designed to meet the needs of students with academic difficulties, students with discipline problems, or both students with academic difficulties and discipline problems.

*** CHOOSE ONE OF THE FOLLOWING:

Treatment (Drug/Alcohol) Discipline (JDC) Behavioral

PRTF (Psychiatric Residential Treatment Facility)



Linda J Pietz
Director of Curriculum,
Instruction & Assessment
Linda.Pietz@k12.sd.us

SCHOOL DISTRICT

INTENT TO APPLY FOR GRANT FUNDING

Any person or group applying for grant funds is expected to complete this form prior to submitting any grants or requesting funds that will impact the Huron School District.

Date: 3/5/25 Contact Person: Rita Baszler Lanners _____

Group Applying: HOSA

Name of Grant/Award: Huron Community Foundation

Name of Funder: HCF Contact Person Rita Baszler Lanners

Amount to be Requested: \$3000 Funder's Submission Due Date: 3/15/25

Project Focus: HOSA Funding for National Conference

How awarded amount received? _____ Full amount up front _____ Reimbursement

Are any follow up reports required? _____ Yes No If yes, when are they due? _____

Is any District funding, resource, or in-kind commitment required now or in the future? Yes _____ No

If yes, please list by dollar amount and/or in-kind service/support. Please be specific.

Please note:

- o Each school/individual will be responsible for submitting and following through on the grant application process unless other arrangements have been made.
- o A copy of the completed grant application must be available upon request.
- o The person or group applying will need to submit the following documentation to the business offices:
 - o If and when the grant is awarded, a copy of the award letter.
 - o If any follow-up reports are required, a copy of the report.

A copy of this request with signatures will be returned to the contact person above when the application is reviewed, allowing the application to proceed.

Signature: [Handwritten Signature] 3/5/25
Building/Department Administrator Date

Signature: Linda J Pietz 3/7/25
Linda J Pietz, Director of Curriculum, Instruction & Assessment Date

Signature: [Handwritten Signature] 3-7-2025
Kelly Christopherson, Business Manager Date

Presented to School Board: _____



Linda J Pietz
Director of Curriculum,
Instruction & Assessment
Linda.Pietz@k12.sd.us

SCHOOL DISTRICT

INTENT TO APPLY FOR GRANT FUNDING

Any person or group applying for grant funds is expected to complete this form prior to submitting any grants or requesting funds that will impact the Huron School District.

Date: 3-6-25 Contact Person: Amy Davis (Jennifer Fuchs, Advisor)

Group Applying: HHS Junior class

Name of Grant/Award: Spirit Club Funds

Name of Funder: Huron School District Foundation Contact Person Marianne Trandall

Amount to be Requested: \$750 Funder's Submission Due Date: _____

Project Focus: Help fund DJ for Prom

How awarded amount received? Full amount up front Reimbursement

Are any follow up reports required? Yes No If yes, when are they due? _____

Is any District funding, resource, or in-kind commitment required now or in the future? Yes No

If yes, please list by dollar amount and/or in-kind service/support. Please be specific.

- Please note:
- o Each school/individual will be responsible for submitting and following through on the grant application process unless other arrangements have been made.
 - o A copy of the completed grant application must be available upon request.
 - o The person or group applying will need to submit the following documentation to the business offices:
 - o If and when the grant is awarded, a copy of the award letter.
 - o If any follow-up reports are required, a copy of the report.

A copy of this request with signatures will be returned to the contact person above when the application is reviewed, allowing the application to proceed.

Signature: Rodney Mittelstedt 3-6-25
Building/Department Administrator Date

Signature: Linda Pietz 3-7-25
Linda J Pietz, Director of Curriculum, Instruction & Assessment Date

Signature: Kelly Christopherson 3-7-25
Kelly Christopherson, Business Manager Date

Presented to School Board: _____



Linda J Pietz
Director of Curriculum,
Instruction & Assessment
Linda.Pietz@k12.sd.us

SCHOOL DISTRICT

INTENT TO APPLY FOR GRANT FUNDING

Any person or group applying for grant funds is expected to complete this form prior to submitting any grants or requesting funds that will impact the Huron School District.

Date: 3/10/25 Contact Person: Lori Eggleston

Group Applying: Speech Therapy Dept. Buchanan K-1 Center

Name of Grant/Award: Huron School District Foundation Spirit Card

Name of Funder: Huron School District Foundation Contact Person: Marianne Trandall

Amount to be Requested: \$500 Funder's Submission Due Date: _____

Project Focus: Materials + Activities for Speech Therapy

How awarded amount received? Full amount up front Reimbursement

Are any follow up reports required? Yes No If yes, when are they due? _____

Is any District funding, resource, or in-kind commitment required now or in the future? Yes No

If yes, please list by dollar amount and/or in-kind service/support. Please be specific. Materials, tools, activities used during speech therapy sessions.
Please note:

- o Each school/individual will be responsible for submitting and following through on the grant application process unless other arrangements have been made.
- o A copy of the completed grant application must be available upon request.
- o The person or group applying will need to submit the following documentation to the business offices:
 - o If and when the grant is awarded, a copy of the award letter.
 - o If any follow-up reports are required, a copy of the report.

A copy of this request with signatures will be returned to the contact person above when the application is reviewed, allowing the application to proceed.

Signature: Heather DeBun 3-10-25
Building/Department Administrator Date

Signature: Linda J Pietz 3-10-25
Linda J Pietz, Director of Curriculum, Instruction & Assessment Date

Signature: Kelly Christopherson 3-10-25
Kelly Christopherson, Business Manager Date

Presented to School Board: _____