#### **TEACHER'S CONTRACT**

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

#### Alex Babcock

February 8, 2019

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 \$ 43354 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 8/19/2019 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.

It is further contracted and agreed that your failure to complete the term of teaching 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 between the date signed and approved by the School Board through June 30 for the ensuing year, damages shall be assessed at \$1,000.00. 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 2<sup>nd</sup> 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. Teachers 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 teacher and the Board of Education. BS
Hired 2019-2020 W/BS - No formal teaching experience;

Agreeing to this contract includes the following: Teachers new to the District are expected to work an additional 5 days beginning August 19. During this time, the teacher will receive appropriate training in District programs, and will have time to become adequately prepared for the new school year.

\*\*\*CONTRACT MUST BE SIGNED & RETURNED TO THE SUPERINTENDENT'S OFFICE BY FRIDAY, FEBRUARY 8TH, 2019

ATTEST:

HURON, BEADLE COUNTY, SOUTH DAKOTA

By.....

Business Manager of the School District

Chairman of School District Board

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

Sign here: ala Been

SCHOOL DISTRICT NO. 2-2 OF THE CITY OF

BOARD MEETING DATE: 2/11/2019

## **HURON PUBLIC SCHOOLS**

Huron, South Dakota

## **PERSONNEL DATA SUMMARY**

1.	<u>Name</u>		Alex Babcock	
	Present Addre	ess .	504 9 <sup>th</sup> St SE, Apt D – Madiso	on, SD 57042
	Position Applie	ed For	1st Grade Teacher – Buchana	nn K-1 Center
2.	Preparation ar	nd Certification	<u>n:</u> Name of School	Year/Degree
	College:	BS Degree	Dakota State University	2018 BS/Early Childhood Ed
		MA Degree	-	
		Other		
3.	Teaching Expe	<u>rience</u> - (list th	e last two positions)	
	Name of School	<u>ol</u>	How Long/Years	<u>Grades/Subjects</u>
4.	Base Salary:	<b>\$</b> 43,35	4_Teaching Assignment:	1 <sup>st</sup> Grade Teacher – Buchanan K-1 Center
	Extra Duty:	\$	Ex Duty Assignment	
	Total Salary:	<b>\$</b> 43,35	4	



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

## SCHOOL DISTRICT

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.					
Pate:2-7-19 Contact Person:Jolene Konechne					
iroup Applying:CTE Department					
lame of Grant/Award:South Dakota Community Foundation					
lame of Funder:SD Community Foundation Contact PersonGinger Neimann					
mount to be Requested: \$20,000 Funder's Submission Due Date: ongoing					
'roject Focus:Enhance CTE opportunities K-12					
fow awarded amount received? Full amount up frontX Reimbursement					
re any follow up reports required? _X Yes No If yes, when are they due?					
s any District funding, resource, or in-kind commitment required now or in the future? Yes_XNo					
f yes, please list by dollar amount and/or in-kind service/support. Please be specific. Consumable supplies eplacement					
<ul> <li>lease note:         <ul> <li>Each school/individual will be responsible for submitting and following through on the grant application process unless other arrangements have been made.</li> <li>A copy of the completed grant application must be available upon request.</li> <li>The person or group applying will need to submit the following documentation to the business offices:</li></ul></li></ul>					
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: Date  Signature: Date					
Signature: 2-7-19  Linda J Pietz, Director of Curriculum, Instruction & Assessment Date					
Signature: Ally Assessment Date  Signature: Ally Christopherson Business Manager  Date					

150 5th Street SW PO BOX 949 | HURON SD 57250 | L (B) 605 252 6002

Presented to School Board: \_\_\_\_



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

# 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: 2-6-19 Contact Person: Seth Foss					
Amount to be Requested: \$\frac{1}{2}\frac{880}{880}\frac{\text{Funder's Submission Due Date:}}{\text{Data Name of Grant/Award:}} \frac{\text{VRON Community Foundation}}{\text{Funder's Submission Due Date:}} \frac{\text{Vron Name of Funder}}{\text{Submission Pue Date:}} \frac{\text{Vron Name of Funder's Submission Due Date:}}{\text{Name of Funder's Submission Pue Date:}}					
Name of Grant/Award: HURON Community Foundation					
Name of Funder: HCF Contact Person Struc Gohn					
Amount to be Requested: 480 Funder's Submission Que Date: Pril 1st					
Project Focus: After School Dus for Icu & Moby Wax					
How awarded amount received?  Full amount up front either  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?  YesNo_X					
If yes, please list by dollar amount and/or in-kind service/support. Please be specific.					
Please note:  • Each school/individual will be responsible for submitting and following through on the grant application process unless other arrangements have been made.  • A copy of the completed grant application must be available upon request.  • The person or group applying will need to submit the following documentation to the business offices:  • If and when the grant is awarded, a copy of the award letter.  • 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:					
Signature:  Building/Department-Administrator  Date					
Signature: Linda Atach 2-7-19					
Signature: Date  Netly Christopherson Business Manager  Linda J Pietz, Director of Curriculum, Instruction & Assessment  Date  Date					
Presented to School Board:					



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

#### **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:1/31/2019 Contact Person: _Megan Smith						
Group Applying:Competitive Cheer & Dance Team						
Name of Grant/Award:American Bank & Trust Spirit Card Donation						
Name of Funder:_Spirit Card Funds Contact PersonWhitney McDonald						
Amount to be Requested:\$300.00Funder's Submission Due Date:2/1/2019						
Project Focus:Team Colored T-shirts for practice						
How awarded amount received? \$300.00 Full amount up front Reimbursement						
Are any follow up reports required? Yesx No If yes, when are they due?						
Is any District funding, resource, or in-kind commitment required now or in the future?  YesNox						
If yes, please list by dollar amount and/or in-kind service/support. Please be specific.						
<ul> <li>Please note:         <ul> <li>Each school/individual will be responsible for submitting and following through on the grant application process unless other arrangements have been made.</li> <li>A copy of the completed grant application must be available upon request.</li> <li>The person or group applying will need to submit the following documentation to the business offices:</li></ul></li></ul>						
A copy of this request with signatures will be returned to the contact person above when the application is reviewed						
Signature:  Building/Department Administrator  Allowing the application to proceed.  2-7-19  Date						
Signature: 2.7-19						
Linda J Pietz, Director of Eurriculum, Instruction & Assessment Date  Signature: 1 1 7 7 7						
Kelly Christopherson, Business Manager Date						
Presented to School Board:						