



*Date*

*Name*

*Address*

*Town, State Zip*

Dear *First Name*,

On behalf of the Innovation Academy Charter School Board of Trustees, we are pleased to inform you of our intent to offer you at will employment with the Innovation Academy Charter School (hereinafter "IACS") as Position and to inform you of your compensation.

You will be expected to perform all of the major responsibilities identified in your job description and any additional responsibilities agreed upon between you and your supervisor with the highest degree of competence, diligence and effort. Please review the following terms and conditions of employment and sign and return to the attention of your supervisor.

#### **TERMS AND CONDITIONS**

- **Compensation** - Beginning August 1, 2017, your compensation will be \$#,###.## paid twice monthly (\$##,###.## per year).
- **Additional Pay** - You may have opportunities to be involved with extra-curricular activities and may receive a stipend, lump sum or hourly pay for this additional work. Any additional monies earned for these opportunities will be negotiated separately and added to your regular paychecks.
- **Benefits** - As a salaried employee, you are eligible for the medical and dental insurance benefits offered to all salaried employees of the IACS.
- **Professional Development** - You will participate in such professional development opportunities as you and your supervisor determine appropriate.
- **Background Check** – This offer is contingent upon successfully completing any and all State mandated background checks (including SAFIS).
- **Availability** - Your acceptance of employment represents and warrants that your employment with the IACS does not violate or breach any agreement, to which you are a party, with any former employer, client or person.
- **At-Will** - Your employment is “at-will” which means that it is for no definite period of time and may be, regardless of the date of payment of your wages and salary, terminable by you or the Director of the IACS with or without cause or notice.

We are confident that with your unique skills, training and experience, you will make an invaluable contribution to the IACS.

Sincerely,

Signature of  
Primary Supervisor

Signature of  
Head of School

### **Acknowledgment and Acceptance**

All individuals employed by the IACS are employed "at will," and the relationship may be terminated by either party at any time with or without cause and with or without notice.

Only the IACS's board of directors is authorized to create an employment contract, and a signed and written agreement is required for it to do so.

The provisions of the employer's personnel policy manual, employee handbook, or any similar written document developed or disseminated by the employer, are designed and intended to provide guidance and information, and do not create an employment contract or other employment obligation for the employer.

The employer reserves the right to unilaterally change the provisions of any such document without notice or negotiations, and its decision to do so does not create any employment contract or obligation thereafter.

### **Acknowledgment**

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First Last

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Date