

Monhegan School

Office of the Superintendent
Monhegan Plantation, Maine

NOTIFICATION OF ANNUAL SALARY RATE

[NAME],

You are hereby notified that the salary for your position provides an annual salary rate of \$_____ payable in 12 installments for the school year beginning September 1, 20__, and ending August 31, 20__.

By your signature below, you agree to accept the above stated salary in return for services during the above stated period.

By signing this form, you acknowledge that you will return for the 20__-20__ school year and that the salary indicated is accurate. You are requested to sign and return one copy of this form no later than September 15, 20__, to assist us in planning for the school year. If you do not sign and return this form by this date, the Monhegan School Committee will assume that you do not intend to return for the school year. Your cooperation is appreciated.

Superintendent of Schools Date

I hereby acknowledge that I have been notified of my annual salary rate for the 20__-20__ school year; that the salary rate is accurate; and that I plan to return to teaching in Monhegan School for the 20__-20__ school year.

Signature of Teacher Date