

**FLOODWOOD SCHOOL  
115 WEST 4<sup>TH</sup> AVENUE  
FLOODWOOD, MN 55736**

**SUBSTITUTE TEACHER  
ASSIGNMENT SHEET**

The School Board of Independent School District No. 698, Floodwood, Minnesota (hereinafter “District”) delegates this assignment pursuant to Minnesota Statute 179A, to **Joy Jones** (hereinafter “Substitute Teacher”). The Substitute Teacher will perform the duties assigned by the District.

The School District and Substitute Teacher further agree as follows:

**I. Duty period:**

The duty period will be effective September 8, 2026 through June 3, 2027 on a substitute basis. Any additional hours must be approved by the Superintendent. The work calendar will be developed by mutual agreement of the Substitute Teacher and Superintendent based on coverage needs.

**II. Employment Duration, Expiration, Termination and Mutual Consent:**

This assignment covers a term of September 8, 2026 through June 3, 2027 . The Substitute Teachers’s employment may be non-renewed, modified, discharged, or terminated either during or at the end of this contract as provided in that statute, including the placing of the Substitute Teacher on a leave of absence. This assignment may be terminated or modified at any time by the District. Assignment sheet is contingent upon ability to obtain a license.

**III. Salary:**

For services performed, the Substitute Teacher shall be paid a daily rate of **\$165 per day** for retired teachers, **\$150 per day** for licensed teachers. Half day rate of pay will be **\$82.50 per half day** for retired teachers, **\$75 per half day** for licensed teachers.

This assignment sheet shall be effective only upon the signature of Substitute Teacher and of the officers of the School Board after authorization for such signatures was taken by the School Board in appropriate action recorded in its minutes. This is not intended to act as a contract or agreement. It is intended to act as a clarification of the Substitute Teachers’s remuneration for service rendered and the district’s financial obligation for those services provided.

\_\_\_\_\_  
(Substitute Teacher’s Signature)

\_\_\_\_\_  
(Date of Substitute Teacher’s Signature)

\_\_\_\_\_  
(School Board Chairperson’s Signature)

\_\_\_\_\_  
(Date of Chairperson’s Signature)

\_\_\_\_\_  
(School Board Clerk’s Signature)

\_\_\_\_\_  
(Date of Clerk’s Signature)