

**CERTIFIED NURSING ASSISTANT/HEALTH ASSISTANT CONTRACT FOR
MINNESOTA PUBLIC SCHOOL DISTRICTS**

The School Board of Independent School District No. 2143 of the State of Minnesota, Waterville-Elysian- Morrystown, Minnesota enters into this agreement, pursuant to M.S. 125.12 as amended, with **Melissa Wencil**, a legally qualified and licensed Certified Nursing Assistant/Health Assistant who agrees to provide service in the public schools of said district as **Certified Nursing Assistant/Health Assistant** for the school year, 2022 to 2023.

The following provisions shall apply and are a part of this contract:

1. **Basic Services:** Said Certified Nursing Assistant/Health Assistant shall faithfully perform the services prescribed by the school board or its designated representative, whether or not such services are specifically described in this contract, abide by the rules and regulations as established by the school board and State Board of Education, and any additions or amendments thereto, for the annual salary indicated below, and agrees to provide service for the school district as assigned license.
2. **Duration:** This contract is subject to the provisions of M.S. 125.12 as amended and to all rules and regulations of the State of Minnesota relevant to qualification, licensure, employment, termination and discharge for cause.
3. **Duty Year:** The Certified Nursing Assistant/Health Assistant duty year shall be as adopted by the school board, and the Certified Nursing Assistant/Health Assistant agrees to provide service on those legal holidays on which the school board is authorized to conduct school if the school board so determines.
4. In Consideration thereof, the school board agrees to pay said Certified Nursing Assistant/Health Assistant the following rate: \$19.00/hour.

Such salary shall be paid as authorized and in such installments during the term of the year as may be determined by appropriate school board regulations. This contract shall be effective only after it has been authorized by the school board in appropriate action, recorded in its minutes, and executed by the parties.

IN WITNESS THEREOF, I have subscribed my signature this ____ day of October, 2022

_____ Certified Nursing Assistant/Health Assistant

IN WITNESS THEREOF, we have subscribed our signatures this _____ day of October, 2022

INDEPENDENT SCHOOL DISTRICT #2143

_____ Chairperson

_____ Clerk