

ORANGE COUNTY NORTH BRANCH: CERTIFICATE OF MERIT/2018
TEACHER AGREEMENT FORM

I have enrolled _____ students in Certificate of Merit for 2019

Please list number of students enrolled for each discipline

Keyboard: _____ String: _____

Woodwinds: _____ Voice: _____

1. I understand that all teachers in the Orange County North Branch with students in Certificate of Merit must work at Certificate of Merit.
2. I understand that the number of shifts I must work is based on the number of students I have **ENROLLED**. **Your number of shifts does NOT change if students drop.**
3. I understand that I must work for each discipline in which I have enrolled students.
4. If I am unable to work on the Certificate of Merit weekends to fulfill my obligation, I understand that I may not provide a substitute but must pay a fee of \$250 per shift and that the Branch will hire a qualified substitute to work in my place.
5. I understand that the number(s) of days I must work are:

<u>Number of Students</u>	<u>Shifts</u>
1 – 4 students	½ day (1 shift)
5 – 9 students	1 day (2 shifts)
10 – 14 students	1 ½ days (3 shifts)
15 – and above	2 days (4 shifts)
6. I understand that all teacher assignments will be available online and that I am responsible to receive my assignment on the branch website.
7. I understand that **I will work my entire shift** and **leave only after checking with the Chair**.
8. Mail your agreement form to:

TERI WATSON, C/M Chair
1201 Riedel Ave.
Fullerton, CA 92831

Keep a copy for your records

***** YOUR ASSIGNMENTS WILL BE AVAILABLE ONLINE *****

▶ ▶ ▶ DEADLINE NOVEMBER 2, 2017

Teacher Name (print legibly): _____

Email Address: _____

Phone Number: _____

Teacher Signature: _____ Date _____

▶ **SPECIAL REQUESTS:** Only written requests will be considered, *NOT* guaranteed. Please no phone call requests. List any possible conflicts (such as church obligations, religious observances, food, etc.) below so that you will not be scheduled and please list any physical limitations. EVERY effort will be made to honor your request but *do not* assume your request will be granted.

**** ANY SCHEDULING CHANGE REQUEST MUST BE ACCOMPANIED BY A \$35 FEE. MAKE CHECK PAYABLE TO JOANE GRUBAUGH.**

**** BE VERY CAREFUL IN FILLING OUT YOUR APPLICATION. YOU ARE RESPONSIBLE FOR EVERYTHING ON THAT FORM.**

**** MAKE A COPY FOR YOUR FILES.**

**** SPECIAL REQUESTS: BE VERY SPECIFIC.**