



Temporary Employment Agreement (ESP)

I _____,
understand that the position of _____,
at _____

for the _____ school year is a temporary assignment of one school year that is based upon District, Federal or State monies or grants. Therefore, my voluntary acceptance of this position qualifies me as a temporary employee of the Canyons School District pursuant to District Policy GCQD, *Termination of Employment of Support Staff (ESP)*. Temporary employees serve at will and have no expectation of continued employment. When this temporary assignment ends at the end of the school year, I understand that my employment with Canyons School District will end. I have received a copy of District Policy GCQFA.

I understand that if I wish to continue employment with Canyons School District after this assignment, I must submit an application through the Human Resources Department and I will be considered, along with all other applicants, for any position I am qualified for at that time.

I acknowledge that I have carefully reviewed this agreement, and based upon these conditions, I accept the temporary assignment indicated above. I acknowledge having received a copy of this agreement.

Employee's Signature

Date

Principal's Signature

Date

Submit a copy of this form to Human Resources.