

Wasatch County School District
101 East 200 North
Heber City, UT 84032

Contract

This agreement made between the Board of Education of the Wasatch County School District, hereafter designated as the First Party, and **Paul A. Sweat**, hereafter designated as the Second Party, witnesseth:

The First Party, hereby employs the Second Party as the Superintendent of Schools in the Wasatch County School District for the period of 24 months. Unless an emergency occurs necessitating change, the contract period will fall within the period of 1 July 2016 to 30 June 2018.

Basis of Contract

Annual Contract Salary		\$130,000
Additions to Annual Contract		
401 K Annuity		\$6,500
Vacation: 30 Days	Total Salary	\$136,500
	Monthly Salary (12 Months)	\$11,375

A Life, Hospital and Medical Insurance Policy will be provided as a fringe benefit, and sick leave will be accumulated at twelve days per year to a total of one hundred thirty days. A Term Life Insurance Policy of \$50,000 will be provided. Mileage outside the boundaries of Wasatch County School District will be reimbursed at the IRS rate approved by the Board of Education.

If you accept this contract, please sign and return both copies to the Wasatch County School District office within five (5) days. Your officially signed copy will then be returned to you.

Acceptance of Contract

As Party of the Second Part, I accept the terms of this contract, including the attached Contract Provisions, and hereby agree to comply with the provisions herein set forth.

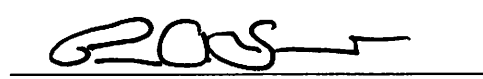
The Board of Education
Wasatch County School District



President



Superintendent or Business Administrator



Employee

Address

Date:

7-7-16