

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 **Kirsta Albert** hereafter designated as the Second Party, witnesseth:

The First Party, hereby employs the Second Party as a(n) **Communications Director** in the Wasatch County School District for the period of 260 days. Unless an emergency occurs necessitating change, the contract period will fall within the period from 1 July 2020 to 30 June 2021.

Basis of Contract

Contract Salary \$105,658

Total Salary \$105,658

Monthly Salary (12 Months) \$8,717  
December bonus \$1,057

A Life, Hospital and Medical Insurance Policy will be provided as a fringe benefit, and sick leave will be accumulated at eleven days per year to a total of one hundred thirty days. Certificated personnel will receive long term disability insurance after completion of one year of employment.

\* \* \* \* \*

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

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Address  
Date: \_\_\_\_\_

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 **J. Eric Campbell** hereafter designated as the Second Party, witnesseth:

The First Party, hereby employs the Second Party as a(n) **Director** in the Wasatch County School District for the period of 240 days. Unless an emergency occurs necessitating change, the contract period will fall within the period from 1 July 2020 to 30 June 2021.

Basis of Contract

Contract Salary	\$147,583
Total Salary	\$147,583
Monthly Salary (12 Months)	\$12,176
December bonus	\$1,476

A Life, Hospital and Medical Insurance Policy will be provided as a fringe benefit, and sick leave will be accumulated at eleven days per year to a total of one hundred thirty days. Certificated personnel will receive long term disability insurance after completion of one year of employment.

\* \* \* \* \*

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

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Address  
Date: \_\_\_\_\_

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 **Keith Johansen**, hereafter designated as the Second Party, witnesseth:

The First Party, hereby employs the Second Party as the Business Administrator 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 2020 to 30 June 2022.

Basis of Contract

Annual Contract Salary		\$168,100
Vacation: 30 Days	Total salary	\$168,100
	Monthly salary (12 months)	\$13,868
	December bonus	\$1,684

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.


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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.

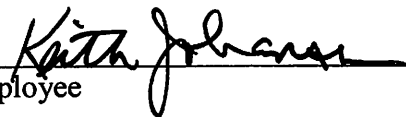
Acceptance of Contract

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: 8/20/2020

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 **James Judd** hereafter designated as the Second Party, witnesseth:

The First Party, hereby employs the Second Party as a(n) **Director** in the Wasatch County School District for the period of 240 days. Unless an emergency occurs necessitating change, the contract period will fall within the period from 1 July 2020 to 30 June 2021.

Basis of Contract

Contract Salary \$147,583

Total Salary \$147,583

Monthly Salary (12 Months) \$12,176  
December bonus \$1,476

A Life, Hospital and Medical Insurance Policy will be provided as a fringe benefit, and sick leave will be accumulated at eleven days per year to a total of one hundred thirty days. Certificated personnel will receive long term disability insurance after completion of one year of employment.

\* \* \* \* \*

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

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Address  
Date: \_\_\_\_\_

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 **Shawn J. Kelly** hereafter designated as the Second Party, witnesseth:

The First Party, hereby employs the Second Party as a(n) **Director** in the Wasatch County School District for the period of 240 days. Unless an emergency occurs necessitating change, the contract period will fall within the period from 1 July 2020 to 30 June 2021.

Basis of Contract

Contract Salary \$147,583

Total Salary \$147,583

Monthly Salary (12 Months) \$12,176  
December bonus \$1,476

A Life, Hospital and Medical Insurance Policy will be provided as a fringe benefit, and sick leave will be accumulated at eleven days per year to a total of one hundred thirty days. Certificated personnel will receive long term disability insurance after completion of one year of employment.

\* \* \* \* \*

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

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Address  
Date: \_\_\_\_\_

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 **Garrick R. Peterson** hereafter designated as the Second Party, witnesseth:

The First Party, hereby employs the Second Party as a(n) **Director** in the Wasatch County School District for the period of 240 days. Unless an emergency occurs necessitating change, the contract period will fall within the period from 1 July 2020 to 30 June 2021.

Basis of Contract

Contract Salary \$154,492

Total Salary \$154,492

Monthly Salary (12 Months) \$12,746  
December bonus \$1,545

A Life, Hospital and Medical Insurance Policy will be provided as a fringe benefit, and sick leave will be accumulated at eleven days per year to a total of one hundred thirty days. Certificated personnel will receive long term disability insurance after completion of one year of employment.

\* \* \* \* \*

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

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Address  
Date: \_\_\_\_\_

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 **Ben Springer** hereafter designated as the Second Party, witnesseth:

The First Party, hereby employs the Second Party as a(n) **Special Education Director** in the Wasatch County School District for the period of 230 days. Unless an emergency occurs necessitating change, the contract period will fall within the period from 1 July 2020 to 30 June 2021.

Basis of Contract

Contract Salary \$143,654

Total Salary \$143,654

Monthly Salary (12 Months) \$11,851  
December bonus \$1,437

A Life, Hospital and Medical Insurance Policy will be provided as a fringe benefit, and sick leave will be accumulated at eleven days per year to a total of one hundred thirty days. Certificated personnel will receive long term disability insurance after completion of one year of employment.

\* \* \* \* \*

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

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Address  
Date: \_\_\_\_\_

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 2020 to 30 June 2022.

Basis of Contract

Annual Contract Salary		\$183,520
Vacation: 30 Days	Total Salary	\$183,520
	Monthly Salary (12 Months)	\$15,140
	December bonus	\$1,840

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.

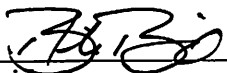
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Acceptance of Contract

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 for Business Administrator

  
\_\_\_\_\_  
Employee

Address \_\_\_\_\_  
Date: 8/20/2020



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 **Jason L. Watt** hereafter designated as the Second Party, witnesseth:

The First Party, hereby employs the Second Party as a(n) **Director** in the Wasatch County School District for the period of 240 days. Unless an emergency occurs necessitating change, the contract period will fall within the period from 1 July 2020 to 30 June 2021.

Basis of Contract

Contract Salary \$154,492

Total Salary \$154,492

Monthly Salary (12 Months) \$12,746  
December bonus \$1,545

A Life, Hospital and Medical Insurance Policy will be provided as a fringe benefit, and sick leave will be accumulated at eleven days per year to a total of one hundred thirty days. Certificated personnel will receive long term disability insurance after completion of one year of employment.

\* \* \* \* \*

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

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Address  
Date: \_\_\_\_\_