



KANKAKEE SCHOOL DISTRICT #111
Department of Human Resources
 240 Warren Avenue, Kankakee, Illinois 60901
 Office: 815/933-0702 Fax: 815/802-7714
 Email: humanresources@ksd111.org

SUMMER CONTRACT

CONTRACT TYPE (Please check one):*

- Summer School
- Migrant Program
- Other (Please Specify _____)

Employee Name (Please Print): _____

Assignment Title: _____ **Assignment Location/Building:** _____

Purpose of assignment: _____

Dates (To/From): _____ **Hours:** _____ **Pay:** \$ _____ per _____

Result of assignment (if applicable): _____

Name of Supervisor/Title: _____

 Employee Signature Date

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APPROVALS:

Funding Source: _____
Account Number Account Name

Program Supervisor: _____
Printed Name Program Supervisor Signature Date

Asst. Supt., Human Resources _____
Signature Date

***Contract positions subject to funding availability**
All work subject to approval prior to release of payment