

**AGREEMENT FOR INSTRUCTIONAL SERVICES**  
**Johnston Community School District/Community Education**  
**PO Box 10, Johnston, IA 50131 515-278-0552**

**Name:**

**Address:**

**City, State, Zip:**

**Cell Phone:**

**Email:**

**Duties:**

**Session:**

**Beginning Date:**

**Day:**

**No Class Dates:**

**Location:**

**Work Phone:**

**Course:**

**Time:**

**Ending Date:**

**Fee For Service:**

**Payment Terms:**

- By this agreement you consent to teach the class indicated above on the dates noted. Being an independent service provider, you are responsible for reporting all income received from this agreement to the government on your tax return.
- Low class enrollment or other factors may necessitate cancelling the class and no payment will be made if class is canceled.
- If you are unable to teach a class due to a personal emergency, you must notify Community Education and your students immediately. If you secure a sub to cover your class, you are responsible for all arrangements including payment and class preparation.
- Your assistance may be required to notify students in the event of weather-related closings.
- All class changes, including time, room, location and cancellations, MUST be cleared with the Community Education office before notifying your students.
- State law prohibits instructors from selling or promoting products or business ventures in their class or using class lists as a basis for potential profit.
- This agreement may become null and void if conditions arise that impact the law or Johnston Community School Board policy.
- This agreement may be terminated by Community Education immediately upon written notice should you breach any term of this agreement or otherwise violate any state or federal law or district policy.

**INFORMATION RELEASE: Please check the boxes below if we can give out your information to students, and if we may list your information on the website in relationship to the class you are teaching/instructor bio.**

	Can be released to students	Can be put on JCE website
Cell Phone Number	<input type="checkbox"/>	<input type="checkbox"/>
Email Address	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
**Signature- Director, Community Education**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature-Instructor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature- JCSD Board President**

\_\_\_\_\_  
**Date**

ASSIGNMENT COMPLETED: (Signed and routed to Finance for payment)

Amount to be Paid \_\_\_\_\_ Notes:

ACCOUNT NUMBER: \_\_\_\_\_

\_\_\_\_\_  
 Signature-JCE Coordinator/Manager

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature-Director, Community Education

\_\_\_\_\_  
 Date