



Network for a Healthy California—LAUSD

www.healthylaUSD.net

2009–2010 LEADERSHIP TEAM CONTRACT AGREEMENT

School: _____ Location Code: _____ Phone: _____ Fax: _____

We agree to serve as the *Network for a Healthy California—LAUSD* Leadership Team at our school. We understand that the members of Leadership Team are individuals who work together to enhance Nutrition Education at the local school site.

- We acknowledge that we have read and signed the *Network for a Healthy California—LAUSD* Roles and Responsibilities of Lead Teachers, Cafeteria Managers and Participants and understand the work required of us to serve in these positions.
- After acceptance into the *Network* Program, we will work together to ensure completion of the mandatory log training by the due date set by the *Network*. After all participating staff has been trained, we will complete the Log Training Verification Form and submit it to the *Network* office.
- Our school is committed to logging the total number of hours on the Intent to Participate form.
- We understand that the *Network* is compensating our Lead Teacher(s) and the Cafeteria Manager for work done outside of their regular assignment in order to implement the *Network* program. Compensated time cannot be used for logging hours.
- By signing below (required, except as indicated “optional”), we understand the program requirements and agree to fulfill our roles and responsibilities and comply with the requirements of the funder and *Network*.

Lead Teacher’s Name	Signature	Employee Number	LAUSD E-mail Address
Alternate Lead Teacher’s Name	Signature	Employee Number	LAUSD E-mail Address
Administrator’s Name	Signature	Employee Number	LAUSD E-mail Address
Nurse’s Name (Optional)	Signature	Employee Number	LAUSD E-mail Address
Cafeteria Manager’s Name	Signature	Employee Number	LAUSD E-mail Address