



Los Angeles Unified School District
 Student Health and Human Services & Food Services Branch
Network for a Healthy California – LAUSD
www.healthylaUSD.net



2008–2009 LEADERSHIP TEAM CONTRACT AGREEMENT – Summer Harvest of the Month Program
 (Include this completed form with your Intent to Participate.)

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 people on the Leadership Team are those individuals who work together to enhance existing Nutrition Education to their local school site.

- We acknowledge that we have read the outline of the specific Roles and Responsibilities of Network for a Healthy California—LAUSD Lead Teachers(s), Cafeteria Managers and Participants and understand the work required of us to serve in these positions.
- After acceptance into the Summer Harvest of the Month Program, we will complete log training by the due date set by the *Network*.
- After training is complete, we will complete the Log Training Verification form and submit it to the *Network* office.
- We understand that the *Network* is compensating our Lead Teacher(s) and the Cafeteria Manager. Compensated time cannot be used for logging hours.
- By signing below (required, except as indicated “optional”), we approve of the Summer Harvest of the Month Program and agree to fulfill our roles and responsibilities.

LEAD TEACHER: _____ SIGN: _____ EMP#: _____ E-MAIL: _____

ALT. LEAD TEACHER (optional): _____ SIGN: _____ EMP#: _____ E-MAIL: _____

CAFETERIA MGR.: _____ SIGN: _____ EMP#: _____ E-MAIL: _____

ADMINISTRATOR: _____ SIGN: _____ EMP#: _____ E-MAIL: _____