

ESS/willSub® Contract Information

| CANDIDATE INFORMATON: | DISTRICT Gwinr | DISTRICT Gwinn Area Community Schools | | | |
|--|----------------------------------|---------------------------------------|--|--------------------------------|--|
| FIRST NAME Sara | | LAST NAME Croney | | | |
| sara.croney@gwinnschools.org | | CELL PHONE 920-373-5181 | | | |
| Superintendent | | BUILDING | | | |
| PAY TYPE: (SELECT ONE) | | | | | |
| SALARY | HOURLY | HOURLY | | STIPEND (Coaches/Schedule B) | |
| Salary Rate: 157,385.71 | Hourly Rate: | | | Stipend Amount: | |
| Start Date: July 1, 2025 | Start Date: | | | Start Date: | |
| End Date: June 30, 2026 | No. of Hours per Day: | | | Number of payments: | |
| No. of Pay Periods: 26 | *Hours of Sick Time Provided: | | | No. of Days Worked: | |
| No. of Days Contracted to Work: 260 | *Hours of Holiday Time Provided: | | | No. of Hours per Day: | |
| No. of Hours per Day: 8 | *Hours of Other PTO Provided: | | | *Hours of paid leave provided: | |
| *Hours of paid leave provided: Sick Time Holiday Other | Full Time** Variable/Part Time | | | Total Amount to Be Paid: | |
| *Due to State of Michigan ESTA requirements, please state paid leave provided in hours, not days. BENEFIT INFORMATION Is this a 12-month assignment? Yes No If no, assignment ends in what month? If the District pays toward Benefits, will the District pay for Benefits during off months? Yes No | | | | | |
| **Please note: If qualifying individuals elect to participate with minimum qualifying insurance programs, the costs associated with the premium amount will be charged back to the client during the assignment of the individuals to the client's worksite. (Currently the amounts are \$210.00 per month per individual) | | | | | |
| MEDICAL INSURANCE | DENTAL INS | URANCE | | VISION INSURANCE | |
| None | None | | | None | |
| % Paid by Dist. | % Paid by Dist. | | | % Paid by Dist. | |
| Single | Single | | | Single | |
| Couple | Couple | | | Couple | |
| Family Family Family Medical Plan Dental Coverage Level | | | | | |
| Up to Bronze Up to Gold | | 150030005000 6/26/2025 | | | |
| Authorized Signature | D. | Dete | | | |

*When completed please return to Jennifer Brennan at $\underline{\textbf{jbrennan@ESS.com}}$