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| **Academic Leadership Compensation ProgramRole Contract** |
| Teacher: |  |  | School: |   |
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| Role: |   | Stipend Amount: |   |  |
| Role Type: |    |  |  |  |   |  |
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| Role Description: |  |  |  |  |  |  |  |  |
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| Role: |   | Stipend Amount: |   |  |
| Role Type: |   |  |  |  |   |  |
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| Role Description: |  |  |  |  |  |  |  |  |
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| Role: |   | Stipend Amount: |  |  |
| Role Type: |   |  |  |  |   |  |
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| Role Description: |  |  |  |  |  |  |  |  |
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| **ALCP Role Confirmation** |
| I agree to assume the leadership role(s) listed above effective  |  | . |
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|   |   |   |   |  |  |   |   |   |   |
| Teacher Signature Date |  | Principal Signature Date |
|   |   |   |   |   |   |   |   |   |   |
| **End of Year Confirmation** |
| Principal: check one: [ ]  Role(s) completed | [ ]  Role(s) declined effective |   | . |
|   |  |  |  |  |  |  |  |  |   |
|   |   |    |
| Teacher Signature Date |  | Principal Signature Date |