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| **Academic Leadership Compensation Program Role 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 | | | | |