

## Letter of Appointment as Contract Employee

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

The intent of the Aiken Housing Authority (AHA)/Community Development & Improvement Corporation (CDIC) is to employ you, \_\_\_\_\_, on a Contract basis upon the following terms and conditions, and in accordance with the below-listed Personnel Policy:

**Section 2.6, Employment Categories, Contracted Persons:** Individuals in this classification are **not** employees. They are independent contractors. Leave and fringe benefit programs of this policy do not apply. These issues are separately addressed in contractual agreements. However, other portions of the personnel policies may be used as a guide in dealing with contracted persons. Contracted individuals may be utilized to perform specific tasks or work for short time periods, but are differentiated from temporary employees in that they are not eligible for benefits.

- (1) This letter of appointment is for services rendered beginning **6/10/13** and ending **8/02/13**.
- (2) Services performed during this period are performed on an as-needed basis.
- (3) The total salary for rendering the above services shall be based upon a rate of **.20** cents per lunch meal and **.10** cents per breakfast meal.
- (4) The AHA/CDIC reserves the right to cancel or revise your position due to insufficient funding, less than satisfactory performance of duties by Employee as determined by AHA Personnel Policies, or other reasonable management decision at the discretion of AHA/CDIC.
- (5) This letter of appointment may not be modified, amended, or waived in any manner except in writing signed by both parties.
- (6) All matters affecting this letter of appointment are to be governed by, interpreted, and construed in accordance with the laws of the State of South Carolina.
- (7) This letter of appointment constitutes the entire agreement of the parties and supercedes all prior contemporaneous negotiations, commitments, agreements, and writing with respect to its subject matter.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Summer Food Program

\_\_\_\_\_  
Date

# SPONSOR/SITE AGREEMENT FOR THE SUMMER FOOD SERVICE PROGRAM

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Name of Site: \_\_\_\_\_

Address of Site: \_\_\_\_\_

Site Supervisor/State Agency Official: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

The person named above agrees to:

1. Serve meals to all needy children 18 years of age or under (or persons 19 and over who are mentally or physically disabled and participating in a public or private nonprofit school program for the mentally or physically disabled).
2. Serve meals that meet the minimum meal patter requirements.
3. Provide adequate supervision during the meal service.
4. Maintain and submit promptly such reports and records that the sponsor requires.
5. Report to the sponsor any changes in the number of meals required as attendance fluctuates.
6. Report any other problems regarding the meal services.
7. Comply with civil rights laws and regulations.
8. Attend sponsor training sessions.

\_\_\_\_\_  
Site Supervisor/State Agency Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Date