



Greater Opportunities of The Permian Basin Inc.

Head Start School Readiness Academy

P.O. Box 3922
Odessa, Texas 79760
Office (432) 337-1352
Fax (432) 333-3373

2021 - 2022

EMPLOYEE WORK AGREEMENT

Center _____

I, _____, an employee of Greater Opportunities of the Permian Basin, Inc. grantee of Head Start in Ector, Howard, Reeves and Ward Counties, do hereby agree to the following items.

- Item 1). I agree to abide by all rules, regulations and policies in the Head Start Performance Standards as set forth in the Agency's Policies and Procedures. (and all DHHS, ACYF Notices of requirements), job descriptions and the State's Minimum Standards for Child Care Facilities, and any policies established by the Executive Board of Directors and approved the Head Start Policy Council.
- Item 2). I further agree to follow the directions and instructions of the Executive Director and/or the designated supervisor to the best of my ability, and should I have any problems, concerns, or grievances, I will not discuss them with anyone other than my immediate supervisor and I will follow the procedures that are in the policy manual.
- Item 3). I also agree that I will in no way administer or be a party to any physical discipline, physical abuse, mental abuse, or sexual molestation of any child. I will report to my immediate supervisor anyone I witness or anyone who is rumored to be administering physical discipline, physical abuse, mental abuse or sexual molestation to Head Start children in the centers. I understand that by taking this step, I will be protecting the children and my job, as well as protecting the status of the Head Start centers.
- Item 4). I will keep the business affairs of GOPB, Inc., the Head Start families and children and the Head Start staff confidential and will not discuss them with anyone without the expressed consent of the Executive Director.

Failure to comply with Items 1,2,3, or 4 will be considered flagrant insubordination and will weigh heavily against continued and future employment with this agency. Although we hope that your employment relationship with us will be long term, either you or the agency may terminate this relationship at any time.

- Item 5). **Benefits Package** - I understand that as an employee of G.O.P.B, during the year 2020-2021, I will be required to pay a percentage of my health benefits; the Agency will continue to pay 100% of the Long term disability. Short term disability is offered as a voluntary supplement policy thru Colonial Insurance.
- Item 6). I understand that as an employee of G.O.P.B my salary will be annualized over the twelve (12) month fiscal year. (From September 1st thru August 31st.)
- Item 7). I understand that on occasion GOPB uses my assigned work email as an official form of communication. As such, it is my responsibility to keep track of information communicated via my employee assigned email.

Signature of Employee _____ Date _____