

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
PERSONAL SERVICES CONSULTANT AGREEMENT**

Date 5/20/15

Budget No. _____

THIS AGREEMENT, between the MANHATTAN BEACH UNIFIED SCHOOL DISTRICT, hereinafter referred to as District, and Dr. Cathy Bryce hereinafter referred to as the Consultant.

WITNESSETH: The parties hereto mutually agree as follows:

1. **Consultant agrees to perform the following services for the District: Facilitator of 21st Century Consortium.**
2. **District also agrees to pay airfare, hotel, parking and taxi for the Consultant to Facilitate the 21st Century Consortium:**

Amount to be paid: \$ 4965.26 in total

NOT TO EXCEED:

Start Date: April 15, 2015

End Date: April 18, 2015

Hours (if applicable): Additional hours for Planning and coordination of the activities of meeting.

4. **It is understood that the employees of the Consultant are not covered by Workers' Compensation Insurance carried by the District.**
5. **The Consultant agrees that if working with children of the District the Consultant is to be fingerprinted and cleared before commencement of services. Consultant is responsible for the DOJ processing fee associated with the fingerprint clearance.**
6. **The Consultant agrees that if working with children of the District the Consultant must have a current TB Test result available or may be sent to be tested before commencement of services. Consultant is responsible for the TB test fee.**

IN WITNESS WHEREOF, the Board of Education of the Manhattan Beach Unified School District, has, by approval of the purchase requisition, approved this agreement to be executed by the Secretary to the Board of Education, and the Consultant has caused the Agreement to be executed by an authorized agent of the Consultant.

**BOARD OF EDUCATION of the
MANHATTAN BEACH UNIFIED SCHOOL DISTRICT**

By (Print name): _____

By: _____ Date: _____

Position: Consultant

**Carolyn Seaton
Executive Director, Human Resources**

Phone #: _____

By: _____ Date: _____

Social Security No.: _____

**Dawnalyn Murakawa-Leopard
Assistant Superintendent, Administrative Services**

or

Federal Tax ID. No.: _____

Signed: _____

Date: _____