



Cost-Sharing Agreement

Cost-Sharing Agreement for Paid Maternity Leave Expenses

Between the Division of Elementary Secondary Education (DESE) and

School District: _____ LEA # _____

Agreement Date

This cost-sharing agreement is entered into between the District/Charter School and DESE, pursuant to Ark. Code Ann. § 6-17-122, as codified by Act 237 of 2023, (the LEARNS Act), for the purpose of providing paid maternity leave to eligible education personnel for up to twelve (12) weeks.

District-Provided Information

The School District/Charter School hereby confirms the following details:

Leave Duration

The district/charter school will share the non-federal costs with DESE for a total of _____ weeks, not to exceed twelve (12) weeks.

Compensation Plan

Fully compensate employee during the leave period (daily rate of employee's salary)

Partially compensate employee during the leave period (explain below)

The District/Charter School will calculate partial compensation for the employee based on the following deductions or considerations for both certified and classified staff as follows:

(additional documentation for explanation of partial compensation or differentiated daily rates may be attached)

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Compensation Rates

The following rates will be used to forecast the costs associated with providing a substitute:

\$_____ Average daily rate for a substitute for a *certified employee* on maternity leave

Please provide additional explanation and daily rates if the district has a differentiated substitute schedule:

\$_____ Average hourly rate for a substitute for a *classified employee* on maternity leave

Cost-Sharing Obligation

Under this Agreement, both parties agree to pay fifty percent (50%) of the incurred non-federal costs during the approved paid maternity leave period.

Signatures

By signing below, the parties acknowledge and agree to the terms outlined in this Agreement.

School District Representative

Superintendent's Signature: _____ Date: _____

Superintendent's Name (printed): _____

DESE Representative

Signature: _____ Date: _____

Name (printed): _____ Title: _____

This Cost-Sharing Agreement, when approved by DESE, will be effective for the 2023-2024 school year.

Please submit by April 1, 2024 to maternityleave@ade.arkansas.gov.