

**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 (Please check one of the following)

* 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 2024-2025 school year.

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