

## **EMPLOYMENT AGREEMENT 2026-2027**

This Employment Agreement (“Agreement”) is made by and between the Montville Board of Education, through its Superintendent, Dr. Dianne Vumback, (hereinafter “the Board”) and **Theresa Carter** (hereinafter “Employee”).

### **I.     Employment**

The Board agrees to employ Employee in the position of Director of Transportation for the Montville Public School and Employee accepts such employment pursuant to the terms and conditions set forth in this Agreement. Employee’s employment is contingent upon Employee’s satisfactory completion of all statutory and applicable Board and Montville Public Schools requirements regarding the hiring of Board employees.

### **II.    Terms of Agreement**

This Agreement shall be effective beginning on July 1, 2026 and ending on June 30, 2027, subject to prior termination as provided in Section VII below. If the Board wishes to non-renew this Agreement, it will notify the Employee of its intent to do so by June 15, 2027. Renewal of this contract will not imply an increase to the employee’s salary or modification of benefits under the contract. Any such changes shall be discussed at the discretion of the Superintendent.

Failure by the Board to notify the Employee of its desire to renew this Agreement shall not entitle the employee to any benefits beyond June 30, 2027.

### **III.   Duties**

Employee shall perform the usual and necessary duties and responsibilities as Director of Transportation. including without limitation those duties identified in the job description and such related duties as the Superintendent and/or the Board may reasonably require and direct. The Employee agrees to abide by all applicable Board policies and procedures and the directives of the Superintendent (whether oral or written) in carrying out Employee’s duties and responsibilities.

The Employee is also expected to support and enforce the Board’s policies and carry out the duties described above to the Board’s performance standards. The Employee will be expected to demonstrate good judgment and professionalism in their relationships with all school community members and comply with all applicable federal and state laws and regulations that may govern your work for the Board.

#### IV. Schedule

This is a full-time position. Employee's regular schedule is Monday through Friday, on a rotating schedule 5:00 a.m. to 2 P.M. or 7:45-4:45 P.M. (8 hours per day, excluding a 30-minute unpaid lunch). Additional hours may be required or assigned by the Superintendent.

#### V. Compensation

As compensation for services rendered under this Agreement, the Board shall pay Employee **\$81,391**, which shall be negotiated on an annual basis if the Board decides to renew this Agreement. Wage payments will be issued in accordance with the Board's established payroll procedures and will include any deductions required by law or mutually agreed by the parties.

#### VI. Employee Benefits and Insurance

During your employment, you will be entitled to participate in any benefit plan or program for which you are eligible. Your eligibility and the terms of your participation are dictated by both the Board's policies and the applicable plan documents, which may be modified by the Board at any time with notice to Employee. A summary of your current insurance benefits is set forth below:

##### **Insurance Benefits**

##### A. High Deductible Plan (Primary Plan).

The Board shall offer a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).

The Board shall contribute to an employee's Health Savings Account up to \$1,000.00 annually for an individual and up to \$2,000.00 annually for an employee with family coverage. The Board's contribution shall be paid 50% in the first payroll of the school year and 50% in the first payroll in January. An employee may contribute to the Health Savings Account an additional amount provided that total Board and employee contributions may not exceed the amount permitted by law. Each employee shall set up his/her own Health Savings Account and shall execute an authorization for direct deposit of Board contributions to said account.

2. Dental Insurance. Blue Cross Full-Service Dental Plan will be provided for the individual and family with the additional Basic Benefits Rider C Periodontics the additional Basic Benefits Rider A.

3. Premium Cost Sharing. Employees shall pay the following percentages of the premium cost for the medical and dental plans.

| Effective Date    | Medical HDHP | Dental |
|-------------------|--------------|--------|
| September 1, 2026 | 18.50%       | 18.50% |

The Board shall pay actively employed employees enrolled in the High Deductible Health Plan who are precluded from participating in an HSA, a cash equivalent in the same amount each year that it contributes into the accounts of employees who do qualify for an HSA.

The parties acknowledge that the Board's contribution toward the funding of the HSA is not an element of the underlying insurance plan, but rather relates to the manner in which the deductible shall be funded for actively employed employees. The Board shall have no obligation to fund any portion of the HDHP deductible for retirees or other individuals upon their separation from employment.

## **5. Insurance Waiver**

Notwithstanding the above, effective with the execution of this agreement, the employee may voluntarily elect to waive in writing all health insurance coverage outlined above and, in lieu thereof, shall receive an annual payment of three thousand dollars (\$3,000) for family or member plus one election of fifteen hundred (\$1,500) for individual coverage. Payment shall be made at the conclusion of the fiscal year during which insurance was waived and is subject to applicable tax laws.

Employees who have a change in coverage status such as death of the spouse, divorce, or the loss of coverage through the spouse (not by selection), may return to all Board provided health insurance coverage at any time throughout the year as long as written evidence is provided to the Superintendent which substantiates one of these special conditions.

Restoration of insurance coverage shall be reinstated as soon as possible, subject, however, to any regulations or restrictions, including waiting periods, which may then be prescribed by the appropriate insurance carriers. Appropriate financial adjustments shall be made on a pro-rated basis between the employee and the Board for any waiver elected in this section.

Notice of intention to waive insurance coverage must be sent to the Director of Finance and Operations no later than April 1 to be effective in the following contract year.

Waiver of coverage procedures must be acceptable to all applicable insurance carriers.

Waiver of premium does not apply to Board provided life insurance.

### **A summary of your fringe benefits is set forth below:**

**Retirement:** The Employee is eligible for participation in the Town Retirement Plan, subject to the provisions of that plan.

**Sick Days:** 18 Such sick days may be accumulated up to 140 total days, which shall not be paid upon resignation, termination or retirement. Up to fifteen days per year, may be used for the employee's immediate family member.

**Personal Days:** The Board shall provide the Employee annually with four (4) personal absence days for business which cannot be conducted outside of normal working hours. Personal days may not be used to extend a vacation or holiday. Such days shall not be carried over from year to year and shall not be paid upon resignation, termination or retirement.

A request for personal leave shall be submitted via the electronic absence management system, the reason for the request must be entered at least three (3) work-days in advance, whenever possible.

Upon request, the Superintendent is authorized to grant additional days of personal leave for any reasons the Superintendent believes meritorious.

**Bereavement Days:** The Board shall provide the Employee with five (5) days of bereavement leave annually to be utilized for the death of an immediate family member, specifically, child, spouse, parent, grandparent, sibling, in-laws, aunt or uncle, niece or nephew

**Vacation Days:** 15 at the discretion of the Superintendent. Such days shall not be carried over from year to year and shall not be paid upon resignation, termination or retirement. Upon voluntary separation from employment, the maximum payout for which the Employee is eligible is the accrued but unused vacation leave for the fiscal year. Vacation days for a partial year of service shall be prorated.

**Holidays:** The Employee shall have the holidays on which the Board offices are closed.

**Life Insurance:** \$300,000

**Mileage:** Travel reimbursement at the then current IRS rate for out of state travel only.

Upon termination of Employee's employment, the Board shall not be required thereafter to pay for or provide any benefits or insurance under Section VI of this Agreement, unless otherwise required by law.

## VII. At-Will Employment

The parties mutually acknowledge and agree that Employee's employment is "at-will", meaning that either the Employee or the Board may terminate Employee's employment at any time, with or without notice to other party, for any reason that is not prohibited by law, or for no reason. Notwithstanding the foregoing, Employee shall provide the Board with at least 30 days' notice before the effective date of resignation.

## VIII. Entire Agreement

This Agreement constitutes the complete agreement and final understanding between the parties with respect to Employee's employment with the Board and supersedes any and all prior

agreements, communications, or understandings, whether written or oral. No other contracts, agreements, or promises contrary to this Agreement shall be binding unless signed by the parties after the date of this Agreement.

**My signature indicates my acceptance of this employment offer, my acknowledgment that this is an at-will employment relationship, and my understanding that my employment may be terminated if any of the above conditions are not satisfied.**

EMPLOYEE

MONTVILLE BOARD OF EDUCATION

Signature \_\_\_\_\_

Signature \_\_\_\_\_  
Dr. Dianne Vumback, Superintendent

Date \_\_\_\_\_

Date \_\_\_\_\_