EMPLOYMENT AGREEMENT
between
CLARK COUNTY SCHOOL DISTRICT
and
Jeffrey Clark

This employment agreement ("Agreement") is made and entered into by and between the Clark County School District ("CCSD") and Jeffrey Clark ("Employee") (collectively the "Parties"), effective as of the date of execution by all persons set forth on the last page of this Agreement.

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by the Parties, CCSD and Employee agree as follows:

I. Position

a. Employee shall be employed in the position of "Chief of Police."

b. This is an at-will position, which means Employee has no right to employment with CCSD except as provided in this Agreement.

II. Term

a. The term of this Agreement shall commence as soon as possible after Board approval and Employee's satisfactory completion of all required background checks, and shall terminate on June 30, 2027, unless terminated earlier or renewed as provided herein

b. This Agreement shall automatically renew for a one-year period on July 1 of each successive year unless CCSD provides notice to Employee by May 1 of the desire to renegotiate this Agreement.

c. If CCSD provides notice to renegotiate, and the Parties do not agree upon a renegotiated agreement by midnight on June 30 of that year, this Agreement terminates at that time. If this Agreement terminates pursuant to this provision, Employee is not entitled to and does not receive the benefit provided in Section VII (c)(ii).

III. Compensation

a. Employee's annual salary is Two Hundred and Twenty-Five Thousand Dollars ($225,000).

b. Employee's salary is subject to deductions as required by law, and as permitted by law and authorized by Employee.

c. The Superintendent may, at any time and at his or her discretion, provide Employee with a salary increase based upon successful performance of job duties.

d. The Superintendent may, at any time and at his or her discretion, recommend a monetary bonus based upon successful performance of job duties. Any monetary bonus would require approval by the Board of School Trustees at a public meeting.

IV. Benefits

a. Vacation Leave.

i. Employee shall accrue and access vacation leave as provided in the Negotiated Agreement between CCSD and the Police Administrators Association of the Clark County School District Police Department ("PAA").

ii. During the term of this Agreement, Employee may elect to be compensated at his or her then daily rate of pay for any accrued vacation leave. Otherwise, all other provisions of the PAA Negotiated Agreement regarding vacation leave apply.

iii. Upon termination of this Agreement, Employee shall be compensated for all accrued vacation leave, or Employee may elect to have CCSD purchase PERS credit in lieu of said vacation leave compensation, subject to PERS regulations.

b. Sick Leave.

i. Employee shall accrue and use sick leave as provided in the PAA Negotiated Agreement.

ii. Upon termination of this Agreement, if Employee has, on the date of termination, worked for CCSD for at least twenty (20) years or in the current position for at least five (5) years, Employee shall be compensated at his or her then daily rate of pay for each day of accrued sick leave; however, this compensation for accrued sick leave shall not exceed ten percent (10%) of Employee's then salary. Alternatively, Employee may elect to have CCSD purchase PERS credit in lieu of said sick leave compensation, subject to PERS regulations.

iii. Upon termination of this Agreement, if Employee has, on the date of termination, worked for CCSD less than twenty (20) years and less than five (5) years in the current position, Employee shall be entitled to compensation for accrued sick leave only as provided in the PAA Negotiated Agreement.

c. PERS Contribution

i. In addition to the compensation set forth in Section III(a), CCSD shall pay Employee compensation equal to Employee's share of the July 1, 2025, increase in the PERS contribution rate (4.375%), which shall be used to pay that increase.

d. Health and Welfare Benefits

i. Employee shall be provided health and welfare insurance and benefits as provided in the document attached hereto as Exhibit A.

ii. Employee shall be responsible for his or her share of the cost of selected health and welfare insurance and benefits, which may change based on the cost of insurance.

V. Employee's Duties

a. Employee agrees to perform professional services as directed by the Superintendent, or his or her designee, and in compliance with and pursuant to any and all applicable laws, CCSD policies and regulations, and job description.

VI. Employee's Rights

a. The terms of the PAA Negotiation Agreement shall apply to Employee, except as provided by this Agreement and except as to any and all terms relating to salary, bonuses, and grievance and arbitration rights.

VII. Termination of Agreement

a. Due to Employee's Failure to Maintain Position Requirements

i. CCSD may terminate this Agreement if Employee fails to maintain any of the position requirements by providing Employee with written notice and thirty (30) calendar days to cure.

ii. The Superintendent may grant an extension of time to cure beyond the thirty (30) calendar days.

iii. If Employee fails to cure the defect by the applicable deadline, this Agreement shall terminate on the date of the expiration of the deadline.

iv. If the termination date is before the end of the then-current term of this Agreement, Employee shall not be entitled to any compensation for accrued sick leave.

b. Due to Employee's Resignation

i. Employee may terminate this Agreement for any or no reason by providing CCSD written notice at least thirty (30) calendar days prior to the date of termination.

ii. If the termination date is before the end of the then-current term of this Agreement, Employee shall not be entitled to any compensation for accrued sick leave.

iii. If Employee terminates this Agreement when an investigation relating to his or her employment is pending, Employee shall not be entitled to any further compensation.

c. By CCSD for Convenience

i. CCSD may terminate this Agreement for convenience (for any or no reason) by providing Employee with written notice.

ii. If CCSD terminates this Agreement for convenience prior to the end of the then-current term of this Agreement, Employee shall receive compensation and benefits provided by this Agreement for a period of six (6) months from the date of termination.

iii. At the end of the applicable period set forth in either section VII (c)(ii), Employee shall receive all vacation and sick leave compensation as provided in this Agreement.

d. By CCSD for Cause

i. CCSD may terminate this Agreement for cause if Employee engages in any of the following acts:

(a) Gross misconduct;
(b) Physical or mental incapacity or ongoing evident unfitness for service;
(c) Commission of an act that, if charged, would constitute a felony;
(d) Dishonesty;
(e) Fraud;
(f) Theft;
(g) Intentionally and knowingly violating any provision of Nevada's bullying or mandatory reporting laws.

ii. If CCSD desires to terminate this Agreement for cause, it shall provide Employee with written notice of the charges, and upon request by Employee, a hearing before the CCSD Board of School Trustees.

iii. Employee may be suspended without pay upon issuance of the written notice of the charges.

iv. Employee shall provide CCSD with a written request for a hearing within five (5) business days after receipt of the written notice of the charges. If Employee does not request a hearing, this Agreement terminates as of the date Employee received the written notice of the charges.

v. If Employee requests a hearing, it shall be held within sixty (60) calendar days of receipt of the request of hearing but may be held no sooner than twenty-one (21) calendar days after notice of the date of the hearing is provided to Employee, unless the Parties agree otherwise.

vi. If the Board of School Trustees determines that there are insufficient grounds for termination of this Agreement for cause, Employee shall be reinstated with full back pay and benefits.

vii. If the Board of School Trustees determines that there are sufficient grounds for termination of this Agreement for cause, this Agreement terminates as of the date Employee received the written notice of the charges.

VIII. Contractual Provisions

a. This Agreement constitutes the full and complete agreement of the Parties.

b. This Agreement may be revised only by mutual written consent of the Parties.

c. This Agreement is subject only to the terms and conditions contained herein.

d. Any document referred to herein is made a part of this Agreement.

e. Required notices shall be delivered in person with a signed receipt, by email with a reply confirming receipt, or sent by both U.S. prepaid First Class and Certified Mail to the address set forth below and shall be deemed received three (3) calendar days following deposit in the U.S. mail:

If to CCSD:	If to Employee:
Office of the Superintendent 5100 West Sahara Avenue Las Vegas, NV 89146	Jeffrey Clark 120 Corporate Park Drive Henderson, NV 89074

IN WITNESS WHEREOF, the Parties have subscribed their names in execution of this Contract, in the County of Clark, State of Nevada, on the dates subscribed below.

CLARK COUNTY SCHOOL DISTRICT

_____ _____
Jhone Ebert Date
Superintendent of Schools

EMPLOYEE

_____ _____
Jeffrey Clark Date

CCSD
CLARK COUNTY
SCHOOL DISTRICT

POLICE ADMINISTRATORS



YOUR employee BENEFITS

SEPTEMBER 1, 2025–AUGUST 31, 2026

At Clark County School District, we care about you. That's why we offer benefits that support your physical and financial health. We encourage you to evaluate and elect benefits that best suit your personal needs.

WHO IS ELIGIBLE

If you are scheduled to work at least 20.5 hours per week in a full/part-time position, you are eligible for benefits on the first day of the month following your date of employment.

Many of the plans allow you to cover your eligible dependents, which include:

- Your legal spouse or domestic partner.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
  Note: Coverage is extended through December 31 in the year the dependent turns 26 years old.
- Your dependent children of any age who are physically or mentally unable to care for themselves.
- CCSD reserves the right to conduct dependent eligibility audits to verify valid eligible dependent status.

WHEN TO ENROLL

You can sign up for benefits or change your benefit elections within 30 days of your initial eligibility date (as a newly-hired employee), during the annual benefits open enrollment period, or within 30 days of experiencing a qualifying life event.

The choices you make at this time will remain the same through August 31, 2026. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year, unless you have a qualifying life event.

MAKING BENEFITS CHANGES

Due to IRS regulations, once you have made your elections for 2025, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event and documentation uploaded to HCM within 30 days of the event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of a child.
- Death of your spouse or covered child.
- Change in your spouse's work status that affects his or her benefits.
- Gain or loss of other coverage.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.

To request a life event change, please visit hcm.ccsd.net within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted.

You will need to provide proof of the event, such as a state-issued marriage certificate or birth certificate. If you do not provide supporting documentation to CCSD Benefits, the change will not be allowed and dependents will not be added or dropped.

MEDICAL INSURANCE—HEALTH PLAN OF NEVADA

CCSD offers three medical plan options through Health Plan of Nevada (HPN). Find HPN network providers and more on the HPN CCSD Member portal: **www.myhpnccsd.com**.

Dependents enrolled in the HMO Plan have access to covered services outside of the HPN service area if the dependent is enrolled in an accredited university, college, or vocational school in the United States. Proof of full-time student status may be requested at any time by HPN. Please contact HPN member services at 877-813-2316 for details.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount the **member** pays.

Summary of Covered Benefits	HMO Plan	POS Plan			PPO Plan	
	In Network Only	Tier I HMO	Tier II PPO	Tier III Out of Network	In Network	Out of Network
All benefits paid at a percentage are subject to calendar year deductible and paid based on eligible medical expenses (EME)						
Physician Services						
Virtual Visits	$0 copay	$0 copay	30%	50%	$0 copay	50%
Convenient Care	$10 copay	$10 copay	30%	50%	$15 copay	50%
Primary Care	$20 copay	$15 copay	30%	50%	$25 copay	50%
Specialist	$40 copay	$30 copay	30%	50%	$40 copay	50%
Lab/X-Ray						
Laboratory	$10 copay	$10 copay	30%	50%	$15 copay	50%
Routine Radiology	$20 copay	$20 copay	30%	50%	$35 copay	50%
Hospital Services						
Inpatient	Ded., $750 copay*	Ded., $500 copay	30%	50%	20%	50%
Outpatient	Ded., $750 copay	$500 copay	30%	50%	20%	50%
Ambulatory	$100 copay	$100 copay	30%	50%	20%	50%
Urgent Care	$35 copay	$40 copay			$25 copay	50%
Emergency Room	Ded., $750 copay	Ded., $500 copay			$250 copay + 20% EME	
Prescription Drugs						
Tier 1	$20 copay	$10 copay			$10 copay	
Tier 2	$50 copay	$35 copay			$50 copay	
Tier 3	$75 copay	$60 copay			$80 copay	
Deductible						
Individual/Family	$1,000/$2,000	$2,000/$4,000	$2,000/$4,000	$4,000/$8,000	$2,000/$4,000	$4,000/$8,000
Out-of-Pocket Max	Includes deductible, copay, and coinsurance					
Individual/Family	$6,850/$13,700	$6,850/$13,700	$6,850/$13,700	$13,700/$27,400	$6,000/$12,000	$12,000/$24,000

*Per day up to $2,250

DENTAL INSURANCE—UHC

CCSD offers a dental plan through UnitedHealthcare (UHC). Locate a UHC provider at **www.myuhc.com** (Find a Dentist > Employer Plans > Zip Code > National Options PPO 20).

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount the **member** pays.

Summary of Covered Benefits	Dental PPO Plan	
	In Network	Out of Network
Calendar Year Deductible Individual/Family	$50/$150	
Annual Plan Max Per Member	$2,000	
Services Preventive/Basic/Major	Member pays 0%/20%/40%	Member pays 20%/40%/50%
Orthodontia (child only)	50%	50%
Orthodontia Lifetime Max	$1,500	$1,500

Please refer to the official plan documents for additional information on medical, dental, and vision coverage and exclusions. For more information, log into HCM: Benefit Details > Benefits Information and then click on Group Health Insurance.

VISION INSURANCE—EYEMED

CCSD offers a vision plan through EyeMed. This plan offers in- and out-of-network benefits, however you will maximize your benefits when you utilize an EyeMed network provider. Locate a network provider at **www.eyemed.com**. The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	EyeMed Vision Plan	
	In Network	Out of Network
Eye Exam	(every 12 months) $0 copay	Up to $45[1]
Standard Plastic Lenses Single/Bifocal/Trifocal	(every 12 months) $0 copay	Up to $35/$55/$75[1]
	(every 24 months)	
Frames Frames at **PLUS** Providers	$120 allowance $170 allowance	Up to $60[1] Up to $60[1]
Contact lenses	(in lieu of plastic lenses)	
Conventional Disposable	$120 allowance $120 allowance	Up to $105[1] Up to $105[1]

(1) Reimbursement amount. *Visit **member.eyemedvisioncare.com/member** to search for PLUS Providers near you. Download the EyeMed app from the **App Store** or **Google Play.**

PER PAY PERIOD INSURANCE PLAN COSTS

Listed below are the costs per pay period. All costs include medical, dental, and vision. These amounts are deducted from 24 payrolls.

Coverage Level	HMO Plan	POS Plan	PPO Plan
Employee Only	$0.00	$14.75	$28.10
Employee + One	$7.32	$296.82	$452.71
Employee + Two (Or More)	$74.12	$489.82	$935.19
CCSD Employee + CCSD Spouse/DP	$0.00	$7.86	$55.25
CCSD Employee + CCSD Spouse/DP & Child(ren)	$0.00	$158.10	$289.18

Domestic Partner (DP) enrollment: If you enroll your domestic partner, you will pay taxes on the portion of the insurance premium that CCSD contributes to your partner's coverage and your share of the premium will be paid on a post-tax basis.

LIFE INSURANCE

CCSD provides life and AD&D insurance through Symetra to all benefits-eligible Support and Police Professionals. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. CCSD also provides basic life insurance to your eligible dependents.

- **Employee life benefit amount:** $50,000
- **Employee AD&D benefit amount:** $50,000
- **Spouse/domestic partner life benefit amount:** $5,000
- **Dependent child(ren) life benefit amount:** $5,000

Please be sure to keep your beneficiary designations up to date.

LONG-TERM DISABILITY INSURANCE

CCSD automatically provides long-term disability (LTD) insurance through Symetra to all benefits-eligible Support and Police Professionals.

- **Benefit:** 60% of base monthly pay up to $6,667
- **Elimination period:** 180 days
- **Benefit duration:** 24 months in your own occupation; thereafter, in any occupation to normal retirement age

EMPLOYEE ASSISTANCE

CCSD cares about your total wellbeing—physical and emotional. The 24/7 "The Life Connection" Employee Assistance and Worklife Program (EAP) is available to all employees and their household members. Call the toll-free number at 800-280-3782 for 24/7 confidential assistance from a qualified EAP/work-life consultant. Or, log on to the work-life website to find a variety of helpful resources, articles, links and interactive tools.

Common reasons for contacting the EAP are:

- Emotional issues
- Marital and family relationship conflict
- Stress and change
- Addiction
- Parenting advice
- Legal, financial, and elder/child care consultations

VOLUNTARY BENEFITS

The following benefits are offered through payroll deduction:

- Life, cancer, and disability insurance
- Auto and homeowners insurance

CCSD does not endorse any of these products. This list is for informational purposes only. For more information, log into **HCM: Benefit Details > Benefits Information and then click on Payroll Deductions.**

FLEXIBLE SPENDING ACCOUNTS

Save money on pre-planned healthcare expenses and lower your take home taxable pay with a flexible spending account (FSA). An FSA allows you to set aside money tax-free to help you pay for eligible out-of-pocket expenses. There are two accounts you can contribute to and your participation is for one year. But contribute wisely! If you don't use the dollars you contribute within the plan year, you lose them. Common eligible expenses are listed below, but please visit American Fidelity's website for a full IRS approved list and for FSA FAQs.

- **Healthcare FSA:** Use funds toward eligible expenses such as office visit copays, deductibles, prescriptions, contact lenses, and dental procedures. For more information, visit **www.americanfidelity.com/support/hcfsa**.
- **Daycare FSA**: Use funds toward eligible expenses such as child care, before and after-school programs, au pairs, and day camp. For more information, visit **www.americanfidelity.com/support/dca**.

SAVE FOR RETIREMENT WITH 403(B) AND 457(B) PLANS

Now is the time to start setting your retirement goals. Similar to a 401(k), a 403(b) or 457(b) plan allows you to save for your retirement. Through pre-tax paycheck deductions, this tax savings vehicle helps you meet your retirement goals. Participation is voluntary, you can increase or decrease your contributions at any time, and your participation via pre-tax deductions reduces your taxable income. Taxes are deferred until you decide to withdraw your funds. Should you choose, you may also make post-tax deductions. The IRS sets an annual contribution maximum ($23,500 in 2025), with additional contributions allowed once you reach age 50 and "catch-up" contributions for employees with 15 years of service.

For more information about 403(b) and 457(b) plans including meaningful notices and plan participation guides, or to find a financial advisor using the QuickEnroll Tool, please visit TSA Consulting Group's website: **www.tsacg.com/individual/plan-sponsor/nevada/clark-county-school-district**. For additional information, **log into HCM: NVPERS & Retirement Plans > Compliance Services**.

IMPORTANT CONTACT INFORMATION

If you have any questions regarding your benefits, please contact CCSD Benefits at 702-799-5418.

For benefit guides, summaries, and to watch a Benefits Presentation, log into **HCM: Benefit Details > Benefits Information, and then click on Group Health Insurance.**

Provider/Plan	Policy Number	Contact Number	Website
Medical—Health Plan of Nevada	50500664	877-813-2316	www.myhpnccsd.com
Wellness Clinic—Vera	N/A	888-241-1407	www.my.verawholehealth.com
Dental—UnitedHealthcare	909111	800-445-9090	www.myuhc.com (Find a Dentist > Employer Plans > Zip Code > National options PPO 20)
Vision—EyeMed	1050793	866-800-5457	www.eyemed.com
Life Insurance—Symetra	01-020310-00	800-426-7784	www.symetra.com/mygo
Long-Term Disability Insurance—Symetra	01-020310-00	800-426-7784	www.symetra.com/mygo
Flexible Spending Accounts (FSA)—American Fidelity	N/A	800-662-1113	americanfidelity.com/pages/clark-county-schools/
Employee Assistance Program—Behavioral Healthcare Options (BHO)	N/A	800-280-3782	www.bhoptions.com (Code: CCSD)

Plan	Provider	Contact Number	Website
Supplemental Insurance Plans Options include life insurance, cancer insurance, disability insurance, long-term care insurance, and auto and homeowners insurance	AFLAC	702-312-3522	For more information and links to the vendors, log into HCM: Benefit Details > Benefits Information and then click on Payroll Deductions.
	American Fidelity	702-433-5333	
	Colonial Life	800-325-4368	
	Horace Mann	702-895-9230	
	Western Insurance Specialties	800-342-0707	
403(b) and 457(b) Savings Plans—TSA Consulting Group	N/A	888-796-3786	For more information, including annual notices, participation guides, or to find a financial advisor, visit: www.tsacg.com.

This guide contains highlights of the benefits options available and is not a complete description of the benefits. CCSD may terminate, withdraw, or modify any benefit described in this guide, in whole or in part, at any time. The descriptions of the benefit are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official Plan Document, the official documents will govern.