

**Richland Parish Schools**  
**High Needs Certification Stipend Request 2017-2018**  
**T.I.F.**

**Instructions:** Fill out one *High Needs Certification Stipend Request* for each semester completed. You will be eligible for reimbursement of \$3,000 only when the form is completed and submitted with all required documentation.

High Needs Certification Stipends will be reimbursed after the completion of a semester where you are

- serve as teacher of record for the majority of the school day (i.e., 5 periods) in an area identified as a critical shortage
- maintain district attendance expectations (i.e., miss no more than 5 days per semester or 10 days per school year)
- maintain evidence of successful teaching experience (i.e., effective proficient or higher VAM results when available or final evaluation ratings)

It is the responsibility of the individual requesting reimbursement to complete a request and include all supporting documentation by the following dates:

- Fall semester stipend request must be submitted by **December 31**
- Spring semester stipend request must be received by **May 30**

*The area of critical shortage will be determined yearly via workforce reports and the amount of high needs certification stipends available will be determined yearly pending budget availability.*

**1. Employee Information**

Name: \_\_\_\_\_  
SS# : \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School: \_\_\_\_\_ Grade/Subject \_\_\_\_\_

Current Certifications Held (list all):

\_\_\_\_\_  
\_\_\_\_\_

**2. Courses you serve as Teacher of Record**

\_\_\_\_\_  
\_\_\_\_\_

**FOR EACH REQUEST YOU MUST ATTACH:**

- 1. COPY OF YOUR TEACHING LICENSE**  
**(For high needs certification stipends you must hold valid up-to-date certification in the area identified as a critical shortage via current workforce data)**
- 2. COPY OF YOUR DAILY TEACHING SCHEDULE FROM JPAMS**
- 3. COPY OF YOUR ATTENDANCE RECORD FROM JPAMS**

*Certification of Payee*

I certify that this stipend request is just and true in all respects. I will repay the district 100 percent of all stipends disbursed if I voluntarily resign during the 2017-2018 schoolyear. I hereby agree to pay any and all balances due at that time to District in full upon demand. In the event I do not make such payment in full upon demand, I knowingly and voluntarily authorize District to deduct from my wages any amount owed by me to District under this agreement. Upon referral of this debt by District to an attorney, I further agree to pay attorney's fees in addition to the balance I owe.

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
LEA Authority

For office use only:

Date: \_\_\_\_\_

Amt. \_\_\_\_\_

Code: \_\_\_\_\_