

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 evaluations)

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: _____