

Richland Parish Schools
Performance Demand-Based Compensation (PDBC) Option 3
2017-2018
T.I.F.

Instructions: Fill out one *PDBC Option 3* request after receiving initial Level 1 and/or special education add-on certification to Louisiana teacher licensure and yearly up to three years of demonstrated excellence in teaching and continued employment as a teacher of record in Richland Parish. You will be eligible for compensation **up to \$8,000** over the course of three years of demonstrated teaching excellence and continued employment only when the form is completed and submitted with **all** required documentation.

PDBC Option 3 will be reimbursed when the following criteria is met

- employed as a teacher of record for Richland parish schools when certification is completed
- serve as teacher of record for the majority of the school day (i.e., 5 periods)
- 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)** **only required for performance retention**

PDBC Option 3 performance retention compensation eligibility

- Certified teachers who demonstrate excellence in teaching and return for continued employments are eligible for the following performance retention stipends
 - \$2,000 for Highly Effective VAM rating
 - \$1,000 for Effective Proficient VAM rating
 - \$500 for Highly Effective SLT rating that has received a high-quality vetting by our district review committee

It is the responsibility of the individual requesting compensation to complete a request and include all supporting documentation each year:

- Sign on bonus and performance retention compensation request must be submitted by **August 29**

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

1. Employee Information

Name: _____
SS# : _____ Phone # _____
Mailing Address: _____

School: _____ Grade/Subject _____

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 ***only for performance retention***

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 prior to the start or during the 2018-2019 school year. 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: _____
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