

Richland Parish Schools
Performance Demand-Based Compensation (PDBC) Option 4
2017-2018
T.I.F.

Instructions: Fill out one *PDBC Option 4* request if you have demonstrated excellence in teaching in a core subject area (i.e., ELA, Math, Science, or Social Studies) in the 2016-2017 academic school year and have continued employment as a teacher of record in Richland Parish for the 2017-2018 academic school year. You will be eligible for compensation **up to \$2,000**.

PDBC Option 4 will be reimbursed when the following criteria is met

- demonstrated evidence of successful teaching experience in a core subject area (i.e., ELA, math, science, or social studies)

PDBC Option 4 compensation eligibility

- Certified teachers who demonstrated excellence in teaching in the 2016-2017 academic school year continued employments are eligible for the following
 - \$2,000 for Highly Effective VAM rating
 - \$1,000 for Effective Proficient VAM rating
 - \$500 for Highly Effective SLT rating that has been vetted as high-quality 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:

- All compensation request must be submitted by **August 29**

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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