

Richland Parish Schools
Performance Demand-Based Compensation (PDBC) Option 3
2018-2019
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. You will be eligible for compensation of **\$5,000** 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., 51% of the day)
- maintain district attendance expectations (i.e., miss no more than 5 days per semester or 10 days per school year)

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 10**

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**
- 2. COPY OF YOUR DAILY TEACHING SCHEDULE FROM JPAMS**
- 3. COPY OF YOUR ATTENDANCE RECORD FROM JPAMS**
- 4. COPY YOUR FINAL VAM SCORE OR OVERALL COMPASS RATING ****please note that a teacher with an ineffective rating in either category for the 2018-2019 school year is not eligible for any performance incentives.****

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 2019-2020 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.

For office use only: Date: _____ Amt. _____ Code: _____
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Payee Signature

LEA Authority