

Richland Parish Schools
Performance Demand-Based Compensation (PDBC) Option 4
2019-2020
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 2019-2020 academic school year and continues employment with Richland Parish for the 2020-2021 academic school year.

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 2018-2019 academic school year continued employments are eligible for to be included in the performance payout pool to be distributed on a share value basis as follows:
 - Highly Effective VAM rating (2 shares)
 - Effective Proficient VAM rating (1.5 shares)
 - 2 Highly Effective SLT ratings that has been vetted as high-quality by our district review committee (1.25 shares)
 - 1 Highly Effective SLT ratings that has been vetted as high-quality by our district review committee (.75 shares)

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 28th**

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 FINAL VAM SCORE OR OVERALL COMPASS RATING ***please note that a teacher with an ineffective rating in either category 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 2020-2021 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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