

**Richland Parish Schools**  
**Performance Demand-Based Compensation (PDBC) Option 1**  
**2018-2019**  
**T.I.F.**

**Instructions:** Fill out one *PDBC Option 1* for each semester completed. You will be eligible for additional compensation up to \$6,000 over the course of the 2018-2019 academic school year only when the form is completed and submitted with **all** required documentation.

PDBC Option 1 will be reimbursed after the completion of each semester where you

- serve as teacher of record for the majority of the school day (i.e., 51% of the school day) in the area identified as a critical shortage (i.e., secondary mathematics 9-12)
- 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 when VAM is not available)

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 **November 29**
- Spring semester stipend request must be received by **May 30**

*The area of critical shortage will be 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**
- 4. 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 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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