

Richland Parish Schools
Performance Demand-Based Compensation (PDBC) Option 3
2019-2020
T.I.F.

Instructions: Fill out one *PDBC Option 3* request after receiving special education add-on certification to Louisiana teacher licensure. You will be eligible for compensation of **\$2,000** 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 and continues employment in Richland Parish for the 2020-2021
- 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 28** *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 2019-2020 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 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.

For office use only:

Date: _____

Amt. _____

Code: _____

Payee Signature LEA Authority