Richland Parish Schools Performance Demand-Based Compensation (PDBC) Option 2 2020.2021 T.I.F.

Instructions: Fill out one *PDBC Option 2* if you are a 2020.2021 resident teacher who has been hired for the 2021.2022 school year. You will be eligible to be included in the sign-on bonus payout pool only when the form is completed and submitted with <u>all</u> required documentation.

PDBC Option 2 will be processed when the following criteria is met:

- completed residency in Richland Parish in the 2020.2021 school year
- complete district interview process and receive superintendent approval of hire
- certified teacher of record hire for the 2021.2022 school year (i.e., Level 1)
- serve as teacher of record for the majority of the school day (i.e., 51% of the school day)

PDBC Option 2 compensation eligibility

• resident sign-on bonus payout pool will be disbursed equally between all who qualify

It is the responsibility of the individual requesting compensation to complete a request and include all supporting documentation each year:

• Resident sign-on compensation request must be submitted by August 10 The target area for sign-on bonuses is determined yearly via district committee and the pay-out pool amount will be determined yearly pending budget availability.

	Phone #	
School:	Grade/Subject	
OR EACH REQUEST YOU N 1. COPY OF YOUR H	UST ATTACH: ISIDENT CERTIFICATE	

shortage via current workforce data)

2. COPY OF YOUR HIRE LETTER FROM THE SUPERINTENDENT

3. COPY OF YOUR GRADUATION LETTER OR LEVEL 1 TEACHING LICENCE

4. COPY OF YOUR DAILY TEACHING SCHEDULE FROM JPAMS FOR THE 2021.2022

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 2021.2022 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