

**Richland Parish Schools**  
**Performance Demand-Based Compensation (PDBC) Option 4**  
**2020-2021**  
**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 2020.2021 academic school year and continues employment with Richland Parish for the 2021.2022 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 2020.2021 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:
  - 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 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