



2019-2020 Durham PreK  
Staff Information Change Form



Name of Site \_\_\_\_\_ Site Contact Number \_\_\_\_\_

Staff Person's Name (Legal Name) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Classroom # \_\_\_\_\_ Start date \_\_\_\_\_

Replacing (name) \_\_\_\_\_ Who left on: \_\_\_\_\_

**Position** (please check one)

- Director
- Lead Teacher
- Teacher Assistant
- Long-term Substitute Lead Teacher
- Long-term Substitute Teacher Assistant

**Ethnicity** (Please check one)

**Are you Hispanic or Latinx?**

- Yes (Country/ies) of family's origin \_\_\_\_\_
- No

**Race** (Please select at least one and as many that apply)

- American Indian or Alaskan Native (Tribal affiliation) \_\_\_\_\_
- Asian (Country/ies of family's origin) \_\_\_\_\_
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (Please specify) \_\_\_\_\_

**Highest Education level** (Please provide documentation of highest level of education completed.)

- High School Diploma
- Current Child Development Associate (CDA) Date of Expiration \_\_\_\_\_
- AA in Early Childhood Education (ECE)
- AA in area other than ECE (specify: \_\_\_\_\_)
- BS/BA in Early Childhood Education

- BA/BS in area other than ECE (specify: \_\_\_\_\_)
- MA/MS in Early Childhood Education
- MA/MS in area other than ECE (specify: \_\_\_\_\_)
- PhD (specify area: \_\_\_\_\_)

**Working on a Degree?**

- Yes If yes, please specify \_\_\_\_\_
- No

Expected Graduation Date \_\_\_\_\_

**If Director, please specify the Administrative Credential Level by selecting one:  
Please provide a copy of the credential.**

- I                       II                       III                       NA

**Current teacher license/credential (Please provide copies of license/credential/certificate)**

- NC BK Continuing License/ NC Continuing BK Add-on License (Standard Professional II)
- NC BK Initial License/ NC Initial BK Add-on License (Standard Professional I)
- NC Provisional BK Add-on License
- NC Lateral Entry BK License/ NC Residency BK License/ NC Emergency BK License (please circle)
- License from another state (specify state and type: \_\_\_\_\_)
- Other Credential (specify: \_\_\_\_\_)

**Current years of experience on license/credential:** \_\_\_\_\_

**Are you submitting paperwork during this school year to update the years of experience on your current license?**

- Yes                       No

**If yes, please specify the number of years of experience you will submit for verification:** \_\_\_\_\_

**Enrollment Submitted with Early Educator Support Unit?**

- Yes                       No                      **Date Submitted:** \_\_\_\_\_

**If the proposed lead teacher or teacher assistant does not fully meet education requirements, please indicate candidate's plan and provide documentation of enrollment and expected date of completion:**

- Enrolled working towards B-K License Where? \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_
- Enrolled working towards AA in ECE Where? \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_
- Enrolled working towards CDA Where? \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

**Lead teachers/teacher assistants that are not qualified must be working toward the qualifications for their position. They must make progress by successfully completing a minimum of six documented semester hours per year with a grade of "C" or better. For details see NC Pre-K education requirements outlined by DCDEE in rule 10A NCAC 09.3013.**

**Teacher Compensation Plan**

Staff Name: \_\_\_\_\_ Position: \_\_\_\_\_

Site Name: \_\_\_\_\_ Does this site use a payroll service: \_\_\_\_\_

**Note: Please review this document carefully. This document is used to monitor compliance with Durham PreK Contract and salary requirements. Salary listed should include income earned solely for services provided to children and families enrolled in the Durham PreK program. Income earned for work provided during before and/or after school and during summer months should not be included in the reported amount. Form is considered complete only when signed, dated and documentation is attached.**

Salary for _____ MONTHS of service in a Durham PreK Classroom <b>Note:</b> Durham PreK is a ten-month program – Compensation documentation will be monitored throughout the school year.	
Salary schedule - Only select 12-month if a teacher’s salary is being spread out over 12 months for work completed during this 10-month program. If a teacher is working for you over the summer in a different position, you should select 10-month and pay for any additional summer income separately.	<input type="checkbox"/> 10-month <input type="checkbox"/> 12-month
Hourly Rate for Salary:	
Years of Experience (as listed on license):	
Value of Health Insurance (amount paid by employer)	
Retirement (amount paid by employer)	
Total Compensation Package	
Paid Teacher Work Days (number of days)	
Paid Holidays (number of days)	
Paid Annual Leave (number of days – 1 day = 8 hours)	
Paid Sick Leave (number of days – 1 day = 8 hours)	

**Education and Compensation Certification** – I have reviewed this information and certify that all information (education/GPA, etc.) provided herein has been verified and is reported correctly. Reported compensation includes only compensation for Durham PreK services. If I do not fully meet Durham PreK position requirements, I understand that I must successfully complete with a grade of “C” or better, 6 semester hours per fiscal year (July 1 – June 30) in order to maintain my position. If I am a new teacher, I understand TSG requirement and responsibility for CLASS®.

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_