



2021-2022 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

Gender _____ Languages spoken fluently _____

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

- checkbox American Indian or Alaskan Native
checkbox Asian or Asian American
checkbox Black or African American
checkbox Latino or Hispanic
checkbox Native Hawaiian or Other Pacific Islander
checkbox White or European
checkbox Other (Please specify) _____

Highest Education Level (PhD, MA/MS, BA/BS, AA, High School Diploma, specify) _____

Major _____

Working on a Degree? _____ Y _____ N If yes, please specify _____

Expected Graduation Date _____

If Director, please specify the Administrative Credential Level: _____ I _____ II _____ III _____ NA
Please provide a copy of the credential.

**If a Lead Teacher, please specify the 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: _____)
- _____ No License – Teacher in school working toward B-K
- _____ 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?

_____ Y _____ N

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

Enrollment Submitted with Early Educator Support Unit? _____ Y _____ N **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 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 Note: 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 _____