



2022-2023 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 (date): _____

Position (please circle 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 by circling: 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: _____)
_____ Other Credential (specify: _____)
_____ No current teaching license

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.

Important instructions for completing the rest of this form:

- For lead teachers, complete pages 3 and 4
- For assistant teachers, complete pages 5 and 6

Lead Teacher Compensation Plan

Page 1 of 2

Teacher Name: _____ Position: _____

Center: _____ Number of years exp. on license: _____

Does the teacher have a continuing or initial license? ___ Yes ___ No

Important information for filling out this form:

- This document is used to monitor compliance with Durham PreK Contract and salary requirements
- Salary listed should reflect income earned solely for services provided to children and families in the Durham PreK program. Income earned for work during summer months should not be included in the reported amount
- This form is considered complete only when signed and dated and documentation is attached
- If you have any questions, please contact DurhamPreKProvider@childcareservices.org

Salary Details

Teacher's **annual** salary: _____

Minimum annual salary based on DPS salary schedule (or NC DPI salary schedule if applicable):

_____ If you are unsure what the teacher's annual minimum salary is, please contact us

How many weeks is the teacher paid over for the Durham PreK program only?

If the teacher works for you in a different capacity during the summer, do not report that income here

___ 43 weeks – the number of weeks the Durham PreK program runs

___ 44 weeks – ten full months

___ 52 weeks – twelve full months

How often is the teacher paid?

___ Weekly ___ Every other week ___ Twice a month

___ Once a month ___ Other (please explain): _____

Is there anything else we should know about how this teacher is paid that would help us understand the pay monitoring documentation you will be sending in (i.e. if they regularly receive a bonus that is part of their pay, etc.)?

Lead Teacher Compensation Plan

Page 2 of 2

Compensation Package

Please provide us with details about other aspects of the teacher’s compensation package.

What is the value of employee health insurance paid by employer?

\$ _____ per: ____ week ____ two weeks ____ month

OR _____ We do not pay any of the employee health insurance

What is the value of retirement paid by employer?

\$ _____ per: ____ week ____ two weeks ____ month

OR _____ We do not pay any retirement amount

Total compensation package: \$ _____ per year

Paid non-teaching days

*8 hours = 1 day

Number of paid teacher work days: _____ OR ____ We do not provide paid work days

Number of paid holidays: _____ OR ____ We do not provide paid holidays

Number of paid annual leave days: _____ OR ____ We do not provide paid annual leave

Number of paid sick leave days: _____ OR ____ We do not provide paid sick leave

Number of paid general leave days: _____ OR ____ We do not provide any paid leave

Education and Compensation Certification: I have reviewed this information and certify that all information 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®.

Teacher Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

Assistant Teacher Compensation Plan

Page 1 of 2

Teacher Name: _____ Position: _____

Center: _____

Important information for filling out this form:

- This document is used to monitor compliance with Durham PreK Contract and salary requirements
- Salary listed should reflect income earned solely for services provided to children and families in the Durham PreK program. Income earned for work during summer months should not be included in the reported amount
- This form is considered complete only when signed and dated and documentation is attached
- If you have any questions, please contact DurhamPreKProvider@childcareservices.org

Salary Details

Teacher's **hourly** salary: _____

How many weeks is the teacher paid over for the Durham PreK program only?

If the teacher works for you in a different capacity during the summer, do not report that income here

- ___ 43 weeks – the number of weeks the Durham PreK program runs
- ___ 44 weeks – ten full months
- ___ 52 weeks – twelve full months

How often is the teacher paid?

___ Weekly ___ Every other week ___ Twice a month
___ Once a month ___ Other (please explain): _____

Is there anything else we should know about how this teacher is paid that would help us understand the pay monitoring documentation you will be sending in (i.e. if they regularly receive a bonus that is part of their pay, etc.)?

Assistant Teacher Compensation Plan

Page 2 of 2

Compensation Package

Please provide us with details about other aspects of the teacher’s compensation package.

What is the value of employee health insurance paid by employer?

\$ _____ per: ____ week ____ two weeks ____ month

OR _____ We do not pay any of the employee health insurance

What is the value of retirement paid by employer?

\$ _____ per: ____ week ____ two weeks ____ month

OR _____ We do not pay any retirement amount

Total compensation package: \$ _____ per year

Paid non-teaching days

*8 hours = 1 day

Number of paid teacher work days: _____ OR ____ We do not provide paid work days

Number of paid holidays: _____ OR ____ We do not provide paid holidays

Number of paid annual leave days: _____ OR ____ We do not provide paid annual leave

Number of paid sick leave days: _____ OR ____ We do not provide paid sick leave

Number of paid general leave days: _____ OR ____ We do not provide any paid leave

Education and Compensation Certification: I have reviewed this information and certify that all information 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.

Teacher Signature: _____

Date: _____

Administrator Signature: _____

Date: _____