



**2021-2022 NC Pre-K
Staff Information Initial Report and Staff Change Request**

Name of Center _____ **Classroom #** _____

Staff Person's Legal Name _____

Birthdate ___/___/___ **Official 2021-2022 start date** _____

Workforce ID# (REQUIRED) _____

Replacing (name and position) If applicable _____

E-mail Address _____

Position (please circle one) Administrator Lead Teacher Teaching Assistant
Position (please circle if this applies) Short Term Substitute Long Term Substitute

Ethnicity

Are you Hispanic or Latino?

- Yes (Country/ies) of family's origin: _____
- No

Select at least one or all that apply:

- American Indian or Alaskan Native (Tribal affiliation: _____)
- Asian (Countries of family's origin: _____)
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Highest Education level (Circle one: PhD, MA/MS, BA/BS, AA, High School Diploma, GED)

Major _____ **Bachelor's GPA** _____

****All New Lead Teachers must provide documentation of Bachelor's GPA**

****All staff indicate license/credential**

****New Staff and Staff with Plan of Study (Please provide copy of certificate/transcript/degree and mark all that apply)**

License/Credential	Experience/ #yrs
Administrative Credential Level _____	
NC Continuing License	
NC Continuing BK or Pre-K/K Add-on License	
NC Continuing Provisional BK or Pre-K/K Add-on	
NC Initial License	
NC Initial BK or Pre-K/K Add-on License	
NC Initial Provisional BK or Pre-K/K Add-on License	
NC Residency BK License	
NC Emergency License	

Out-of-State License	
International License	
BA/BS Degree, 2.7 GPA, 18-24 Semester Hours as determined by Educator Prep Program	
AA in Early Childhood Education (ECE)	
AA in area other than ECE (specify: _____)	
Current Child Development Associate (CDA)	
NC Early Childhood Credential	
Other Credential (specify: _____)	

If the proposed lead teacher/teaching assistant does not fully meet education requirements (consult NC Pre-K guidelines), 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 Pre-School Add-On _____ where? _____	Expected Graduation Date _____
Enrolled working towards AA in ECE _____ where? _____	Expected Graduation Date _____
Enrolled working towards CDA _____ where? _____	Expected Graduation Date _____
Enrolled working towards NC Credential _____ where? _____	Expected Graduation Date _____

Expected date (month/year) of full qualification _____
 (AA in ECE for teaching assistants – BK Licensure/Preschool Add-on for lead teachers – Level III for administrators)

Compensation Plan (to be provided for lead teachers and teaching assistants)

Note: Please review carefully. This document is used to monitor compliance with Guilford County NC Pre-K Committee Policy. Salary listed should include only income earned solely for services provided to children and families enrolled in the NC Pre-K program. Income earned for work provided during holidays, before and/or after school and during summer months should not be included in this reported amount.

Salary (for ten months of NC Pre-K services – please note: if paid hourly, signed documentation of final compensation statement required at end of school year)	
Value of Health Insurance (amount paid by employer)	
Retirement (amount paid by employer)	
Total Compensation Package	
Years of Experience (see below)	
Paid Teacher Work Days (dates)	
Paid Holidays (dates)	
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 the information provided herein includes only compensation for North Carolina Prekindergarten services and is reported correctly. If I do not fully meet NC Pre-K position requirements, I understand that I must successfully complete 6 semester hours per fiscal year (July 1 – June 30) in order to maintain my position.

Staff Signature _____ Date _____

Administrator Signature _____ Date _____

*****Form is incomplete if submitted without the requested documentation.**

Classroom number must be indicated for all teaching staff

★★★CONTRACT ADMINISTRATOR USE ONLY★★★

Received by: _____ Date Received: _____ Date Processed: _____ Processed by: _____

7/8/2021