



2025 – 2026 NC Pre-K

Staff Information Initial Report and Staff Change Request

ALL STAFF (Please provide copy of certificate, transcript, degree, or workforce letter)

Teachers with a Plan of Study must provide signed copy. This is required.

**All fields and requested documentation required.*

Name of Center: _____

Classroom #: _____

Employee's Legal Name: _____

Workforce ID #: _____

Birth Date: _____

Official Start Date: _____

E-mail Address of New Staff Person: _____

Replacing (Name and Position) If Applicable: _____

Position (Check One)

Administrator

Lead Teacher

Teaching Assistant

Position (Check One If Applicable)

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 Completed (MUST Check One and documentation is required)

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 or credential below.**

License/Credential	Experience / # of Years
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:	
Current Child Development Associate (CDA)	
NC Early Childhood Credential	
Other Credential:	

If 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/BS/BA in ECE or related field:	Where?
Expected Graduation Date:	

Expected Date (Month/Year) of Full Qualification:

(AA/BS/BA in ECE or related field 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)

NOT Required upon initial submission, but MUST be done when we monitor and filed in monitoring notebook

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: _____

Approved: _____