2026 – 2027 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: _____
Name of staff member that is leaving: _____

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:** ____

Updated June 10, 2025