

# 2011-12 North Carolina Prekindergarten (NCPK) Staff Information Initial Report and Staff Change Request

Name of Center \_\_\_\_\_

Staff Person's Name \_\_\_\_\_

Effective date \_\_\_\_\_

E-mail Address \_\_\_\_\_

Position (please circle one)    Administrator    Lead Teacher    Teaching Assistant    Long-term Substitute

## Ethnicity

### Are you Hispanic or Latino?

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

### Select at least one and as many 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

Language spoken at home, if not English: \_\_\_\_\_

Highest Education level (PhD, MA/MS, BA/BS, AA, High School Diploma, GED) \_\_\_\_\_

Major \_\_\_\_\_

## Current teacher license/credential (Please provide copy of certificate/transcript/degree and mark all that apply)

NC B-K SP I or II License \_\_\_\_\_  
NC Preschool Add-On License \_\_\_\_\_  
NC SP I or SP II in area other than B-K \_\_\_\_\_  
AA in Early Childhood Education (ECE) \_\_\_\_\_  
AA in area other than ECE \_\_\_\_\_  
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 NCPK 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 \_\_\_\_\_

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

**Note: Please review carefully. This document is used to monitor compliance with NCPK Requirements. Salary listed should include only income earned solely for services provided to children and families enrolled in the NCPK 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 NCPK services)	
Value of Health Insurance (amount paid by employer)	
Retirement (amount paid by employer)	
Total Compensation Package	
Years of Experience (see below)	
Teacher Work Days (dates)	
Holidays (dates)	
Annual Leave (number of days – day = 8 hours)	
Sick Leave (number of days – day = 8 hours)	

I have reviewed this information and certify that the information provided herein includes only compensation for North Carolina Prekindergarten services and is reported correctly.

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*Form is incomplete if signatures, copy of license/certification, diploma, transcripts or updated plan of study are missing.**