



2024 – 2025 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 (Check 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 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 in ECE: _____ 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)

NOT Required upon initial submission, but MUST be done when we monitor

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: _____