

NC Pre-K Teacher Assistant Add /Change Request SFY 2023-2024

Please answer EVERY question clearly and completely and provide requested documentation to ensure quick and accurate approval process from DCDEE. Form will be returned if not completed in full.

1. Site Name: _____ Classroom Name in County Plan: _____
2. Teacher's Name: _____
First Middle Maiden Last
3. Teacher's Email: _____ Teacher's Birthday: _____
4. Teacher's Work Number: _____ Teacher's Contact Number: _____
5. Teacher's Workforce ID (WFID): _____
6. Date entered the NC Pre-K program this school year: ____ / ____ / ____ Returning Teacher Prospective Teacher
7. Teacher's NC Pre-K site/classroom placement prior year: N/A _____
8. Did this teacher replace another NC Pre-K teacher in this classroom? Yes No If yes, whom? _____
9. Teacher Type: Assistant Long Term Sub Assistant
10. Which of the following best describes this teacher's ethnicity? Hispanic Non-Hispanic
11. Which of the following best describes this teacher's race? *(Check at least one, and all that apply)*
American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander
White/European American
12. What is the teacher's current rate of pay? \$ _____ Hourly Weekly Bi-Weekly Monthly
13. Including salary and benefits, what is the approx. total value of your yearly compensation package? \$ _____
14. What is the teacher's highest degree/licensure/credentials status?

Degree Earned	Credentials
<input type="checkbox"/> BA/BS <input type="checkbox"/> AA/AAS <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Less than high school diploma Major: _____ Date Issued ____/____/____	<input type="checkbox"/> N/A <input type="checkbox"/> CDA <input type="checkbox"/> NC Early Childhood Credential Date Issued ____/____/____

Degree working on	
<input type="checkbox"/> BA/BS <input type="checkbox"/> AA/AAS <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Less than high school diploma Major: _____ Date Issued ____/____/____	<input type="checkbox"/> N/A <input type="checkbox"/> CDA <input type="checkbox"/> NC Early Childhood Credential Date Issued ____/____/____

I certify that all of the above information is true and correct and my signature also confirms that the information provided on this application is accurate and complete.

I have enclosed the following documents if applicable to me:

- Copy of diploma or transcript with degree earned date
- Copy of credential (CDA or NC ECC)
- NC Pre-K Teacher Commitment Agreement form

Teacher Assistant's Signature Date

Site Administrator's Signature Date