

NC Pre-K Teacher Assistant Add /Change Request SFY 2024-2025

1. Site Name: _____ Classroom Name in County Plan: _____
2. Teacher's Name: _____
First Middle Maiden Last
3. Teacher's Email: _____ Teacher's Contact Number: _____
4. Teacher's Workforce ID (WFID): _____
5. Teacher Type: Assistant Long-Term Sub Assistant
6. Is this a request to: Add New Teacher Change Teacher
7. Is this teacher replacing another NC Pre-K teacher in this classroom? Yes No If yes, whom? _____
8. Which of the following best describes this teacher's ethnicity? Hispanic Non-Hispanic
9. 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
10. 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	<input type="checkbox"/> N/A <input type="checkbox"/> CDA <input type="checkbox"/> NC Early Childhood Credential
Major: _____	Date Issued _____
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	<input type="checkbox"/> N/A <input type="checkbox"/> CDA <input type="checkbox"/> NC Early Childhood Credential
Major: _____	
Projected Issued Date _____	

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