

Wake County Public School System

Teacher/Administrator _____

Employee ID Number _____ School/Department _____

Local Supplement Advancement *Pre-payment Agreement*

The Wake County Public School System (WCPSS) has approved as part of its incentive package the advancement of up to \$2000 for certified teachers and administrators new to WCPSS. Payroll deductions are taken in monthly increments as listed below. In order to be considered for this incentive, teachers/administrators must meet the following requirements:

- Submit evidence that a completed licensure application is on file at the Department of Public Instruction.
- Approval for employment through the Human Resources Department of WCPSS.
- A certified teacher/administrator must be employed at 100% in a permanent position.
- Complete all employment paperwork for employment with the school system.
- Contact the appropriate administrator/assistant superintendent in Human Resources to confirm eligibility and complete appropriate documentation for advancement.
- Requests must be made as to the schedules listed below.
- The amount will be prorated per month of employment as per schedule below.
- Send the completed form to the Human Resources administrator for your school. When a check is ready, you will be notified per instructions on the Invoice/Vendor Data Sheet. Teachers/administrators must bring their IDs to the Human Resources office to pick up the check.

2008- 2009 Salary Supplement Prepayment Schedules

Employment Start Date	Date Request Required	Allowable Advance
June 30 – August 30	September 2	\$2000.00
September 1 – September 30	October 1	\$1800.00
October 1 – October 31	November 5	\$1600.00
November 1 – November 30	December 1	\$1400.00
December 1 – December 31	January 5	\$1200.00
January 1 – January 31	February 2	\$1000.00
February 1 – February 28	March 2	\$800.00
March 1 – March 31	March 31	\$600.00
April 1 – June 30		Ineligible

Prorated Repayment Schedule

Approved Advance	Months of Deductions	Monthly Repayment
\$2000	September 2008 – May 2009	\$222.22
\$1800	October 2008 – May 2009	\$225.00
\$1600	November 2008 – May 2009	\$228.57
\$1400	December 2008 – May 2009	\$233.33
\$1200	January 2009 – May 2009	\$240.00
\$1000	February 2009 – May 2009	\$250.00
\$800	March 2009 – May 2009	\$266.67
\$600 for Traditional Schools	April 2009 – May 2009 (2 deductions)	\$300.00
\$600 for Year-round and Modified Schools	April 2009 – June 2009 (3 deductions)	\$200.00

Salary Supplement Prepayment Agreement

THIS AGREEMENT is made and entered into this the _____ day of _____, 20____, by and between _____, hereinafter referred to as teacher/administrator and the Wake County Board of Education, hereinafter referred to as “the Board.”

WHEREAS the Board desires to employ qualified teacher/administrator, and in furtherance of this goal, plans to provide an incentive to teacher/administrator to serve as a teacher/administrator for the Wake County Public School System by providing a salary supplement prepayment in return for continuous service to the Board from _____ to _____.

NOW, THEREFORE, for and in consideration of their mutual promises to each other, as hereinafter set forth, the legal sufficiency and receipt of which is hereby acknowledged, the teacher/administrator and the Board mutually agree to the following terms and conditions:

1. As a newly employed teacher/administrator, teacher/administrator qualifies for a salary supplement prepayment, and hereby requests prepayment of teacher’s/administrator’s salary in the amount of \$_____.
2. Teacher/administrator understands and agrees that this salary supplement prepayment shall be deducted from teacher’s/administrator’s paycheck in prorated amounts each month during the teacher’s/administrator’s term of employment.
3. Teacher/administrator understands and agrees that such salary supplement prepayment is contingent upon teacher’s/administrators continuous service for a period of _____ to _____. If teacher/administrator is separated from employment with Wake County Board of Education for any reason, teacher/administrator understands and agrees that the full amount of any remaining salary supplement prepayment shall be deducted from teacher’s/administrator’s final paycheck.
4. If teacher/administrator is separated from employment with the Wake County Board of Education for any reason and teacher’s/administrator’s salary supplement prepayment cannot be deducted in full from teacher’s/administrator’s final paycheck, teacher/administrator will repay the Board in accordance with N.C. Gen. Stat. §115C-302.1(b) the full amount of the remaining salary supplement prepayment within thirty days of teacher’s/administrator’s final date of employment.
5. The place of the Agreement, controlling its status and force, shall be Wake County, North Carolina, and all matters relating to the validity, construction, interpretation and enforcement of this Agreement shall be determined in the courts of Wake County.
6. No waiver by either party of the breach of any provisions of this Agreement shall be deemed to be a waiver of any preceding or subsequent breach.
7. This Agreement may not be changed or modified except by and agreement in writing signed by both parties. This Agreement constitutes the entire understanding between the parties. All previous representations and undertakings, whether oral and written, have been merged herein.
8. In the event any provision of this Agreement is held by a court of competent jurisdiction to be legally ineffective or unenforceable, the validity of the remaining provisions shall not be affected.

IN WITNESS WHEREOF, the teacher/administrator and the Superintendent or Designee on behalf of the Board has executed this Agreement.

WAKE COUNTY BOARD OF EDUCATION

Teacher/Administrator Signature Date
Date

Superintendent or Designee Signature

Invoice/Vendor Data Sheet Salary Supplement Prepayment Agreement

Employee to complete:

Name (Please use full name as it appears on your Social Security Card.)		
Last	First	Middle Initial
Employee ID Number		
School/Department		Employment Start Date

Human Resources will call when your check is ready. Give a telephone number where you can be reached for this message. _____. The check will be with the HR receptionist at 110 Corning Road, Cary. You will need to present a photo ID.

Employee's Signature

Date

Administrator to complete:

HR Administrator's Approval	Amount Approved	Date
-----------------------------	-----------------	------

For Accounting Use Only

Code: 2.2290.00.000.0000.0000

Date of Payment _____

Approved: _____

Date: _____