



Dual Certification Bonus Application and Guidelines

Name of Employee: _____ Position Title: _____ Social Security No.: _____

_____-_____-_____
 Last First DCPS
 School Telephone Email
 Home address: _____

No and Street _____ City/State _____ Zip code _____

Licensure Information

First License:

_____/_____/_____
 Type of License License Subject License effective Date License expiration date
 Second License:

_____/_____/_____
 Type of License License Subject License effective Date License expiration date

Guidelines

- A teacher who is a certified (as determined by the District of Columbia Office of the State Superintendent of Education) classroom teacher and who achieves a second certification in secondary math, secondary science or special education shall receive a non-pensionable, one-time bonus of \$1,500.
- The teacher was rated "Effective" or "Highly Effective" in the most recent evaluation score.
- The teacher shall be required to work in DCPS for a minimum of three (3) years after receiving the reimbursement. In the event that a teacher fails to meet the three year commitment, s/he shall be obligated to return the compensation to DCPS on a prorated basis.

Request for \$1,500 must be initiated by the employee within thirty (30) calendar days of obtaining the second certification. The bonus shall be paid within sixty (60) calendar days following application submission. Attach most recent evaluation score report with this application.

Certificate of Understanding

I understand that dual certification bonus is applicable only to those conditions outlined in Article 36.13 of the WTU Collective Bargaining Agreement. I have read the above guidelines. I have not and will not submit this request for reimbursement through any other reimbursement program or process. If payment is approved, I understand that a check will be mailed to the home address provided above.

_____/_____/_____
 Signature of Employee Date

To be completed by Office of Human Resources

Approved. Amount \$ _____ Not Approved. (Reason: _____)

_____/_____/_____
 Signature, Program Administrator Date

WTU Bargaining Unit Members only

HQTDC-1500/Aug-2010