

Confirmation of Compensation Plan (to be completed for all lead teachers and teaching assistants)

Note: Please review this document carefully. This document is used to monitor compliance with WTS and Wake County Smart Start Contract Requirements. The salary listed should include income earned solely for services provided to children and families enrolled in the Wake ThreeSchool program. Income earned for work provided during holidays, before and/or after school, and during summer months should not be included. The form is considered complete only when signed, dated, and documentation is attached.

Teacher's Name: _____ Date of Employment: _____

Total Compensation Package – as submitted for pre-contracting for 2023-2024	
Salary/Income received as of (Monitoring visit date) _____ (Attach documentation)	
Annual Value of Health Insurance (amount paid by employer)	
Annual Retirement (amount paid by employer)	
Additional Salary/Income Employee should expect to receive for 2023-24 WTS Service.	
Total projected compensation package Employee Will Receive for 2023-24 WTS School Year (Add received Salary/Income, insurance, retirement and expected Salary/Income)	
If actual compensation varies from plan, please provided detailed reasons and documentation to support the difference.	

Education and Compensation Verification – I have reviewed this information and certify that all information provided herein has been verified and is reported correctly. Reported compensation includes only compensation for Wake ThreeSchool services.

Site Name: _____

Staff Signature: _____ Date _____

Administrator Signature: _____ Date _____