

North Carolina Department of Public Instruction Parental Leave Substitute Reimbursement Form for Independent Public Schools

Independent Public School Number and Name:

Name of Classroom Teacher on Paid Parental Leave:

This form **must be downloaded**, completed, signed, and submitted by the Finance Officer/Director to the North Carolina Department of Public Instruction (NCDPI) School Business Office. Independent Public Schools (IPS) will be reimbursed at the licensed rate of pay (65% of first step of teacher certified salary schedule) established by NCDPI. Reimbursements are processed via Allotment revisions in PRC 036 for Charter Schools and PRC 038 for Regional and Lab Schools. Please submit one form per Classroom Teacher on Leave. Notice of IPS election to participate in Paid Parental Leave must be provided to DPI before consideration of reimbursement.

We hereby request reimbursement for the cost of substitutes employed in the absence of the regular teacher due to Approved Parental Leave. Below is the teacher on Leave, a list of the applicable substitutes paid, and the total requested reimbursement in accordance with G.S. 126-8.6.

		Daily Rates			
Substituted On What Dates (Starting Date to Ending Date)	Licensed? (Y/N)	Number of Days Substituted	Calculated Reimbursement	Social Security Rate	Total Requested Reimbursement
Finance Officer/Director					Date
Email					Phone
	(Starting Date to Ending Date) Date) ace Officer/Director Email	Date) (Y/N)	Substituted On What Dates (Starting Date to Ending Date) Licensed? (Y/N) Substituted Licensed? (Y/N) Substituted	Substituted On What Dates (Starting Date to Ending Date) Licensed? of Days Substituted Calculated Reimbursement Calculated Reimbursement	Substituted On What Dates (Starting Date to Ending Date) Licensed? of Days Calculated Reimbursement Rate Social Security Rate Calculated Reimbursement Rate Social Security Rate

I attest that the information provided in the document is accurate and true. The teacher that our IPS is seeking substitute reimbursement for is an employee of the Independent Public School's Board of Education. I understand that this is an official document of record that complies with the rules and policies of the Paid Parental Leave for Substitutes. I acknowledge that submission of this form does not constitute an automatic approval of payment and is subject to review and adjustment by DPI, including repayment of funds in the event an overpayment was issued.

Please download the form before completing it, or submitting it will not work. Return completed forms to: Allotments@dpi.nc.gov with "Parental Leave Reimbursement Request for IPS# and Name -" in the email subject line by adding your IPS # and IPS Name and pressing the submit button at the bottom of the form. Forms will be received and compiled for processing. Submission deadlines for the 2025-2026 school year are as follows:

Beginning Submission Date Ending Submission Date Reimbursement Date Friday, December 19, 2025 Thursday, October 16, 2025 Friday, December 5, 2025 Monday, March 2, 2026 **Friday, March 13, 2026 Friday, March 27, 2026** Friday, May 29, 2026 Monday, May 4, 2026 Friday, May 15, 2026