North Carolina Department of
PUBLIC INSTRUCTION

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

**Independent Public School Number and Name:** -Select School Number and Name

This form must be completed by the Finance Officer/Director, signed, and submitted to North Carolina Department of Public Instruction (NCDPI) School Business. 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.

**Name of Classroom Teacher on Paid Parental Leave:**

**Options: Full-Time, Part-Time, Probationary, Time-Limited** Select Teacher Status

| | | | Daily Rates | $ 115.00 | 7.65% | |
|---|---|---|---|---|---|---|
| **Please List All Substitutes Covering the Teacher on Leave** | **Substituted On What Dates (Starting Date to Ending Date)** | **Licensed? (Y/N)** | **Number of Days Substituted** | **Calculated Reimbursement** | **Social Security Rate** | **Total Requested Reimbursement** |
| | | | | $ 0.00 | $ 0.00 | $ 0.00 |
| | | | | $ 0.00 | $ 0.00 | $ 0.00 |
| | | | | $ 0.00 | $ 0.00 | $ 0.00 |
| | | | | $ 0.00 | $ 0.00 | $ 0.00 |
| | | | | $ 0.00 | $ 0.00 | $ 0.00 |
| | | | | $ 0.00 | $ 0.00 | $ 0.00 |
| | | | | $ 0.00 | $ 0.00 | $ 0.00 |
| | | | | $ 0.00 | $ 0.00 | $ 0.00 |
| Subtotals | | | 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |
| **Total Requested Reimbursement (Rounded)** | | | | | | $ 0 |

Finance Officer/Director

Date

Email

Phone

Signature of Finance Officer/Director

*****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.*****

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 2023-2024 school year are as follows:

| Beginning Submission Date | Ending Submission Date | Reimbursement Date |
|---|---|---|
| **Tuesday, January 2, 2024** | **Thursday, January 12, 2024** | **Friday, January 26, 2024** |
| **Monday, May 20, 2024** | **Friday, May 31, 2024** | **Monday, June 10, 2024** |

Press to submit

As a reminder, Independent Public Schools should not use Absence Code 25 for Paid Parental Leave. For policy questions regarding the Paid Parental Leave reimbursement, contact the Office of Charter Schools at ocs@dpi.nc.gov.