DHETP-4

2005-2006 SALARY BONUS PAYMENT FORM

School District/Development Research School:

DHETP Contact Name:

DHETP Contact Phone Number:

DHETP Contact Email:

Total Number of Salary Bonuses Requested:_____ **Batch No.:**_____

NBCT Last Name	NBCT First Name	SS No.	NBPTS ID No.	Address	City	Zip Code

*I do hereby request funds for payment of a **salary bonus** to **each** of the above identified educators pursuant to Section 1012.72, F.S. I certify by my signature that **each** educator above has met the following requirements:*

1. *Holds a valid NBPTS certificate or notice of certificate award;*
2. *Is currently employed full-time as instructional personnel within the meaning of Section 1012.01(a)-(c), F.S., as reflected by contract, the school district's personnel salary schedule, or the district's approved staffing plan;*
3. *Is currently engaged exclusively in activities that further student instruction; for example, through advising, teaching and mentoring students and offering information resources to students;*
4. *Teaches students a majority of the time;*
5. *Has demonstrated satisfactory performance on the most recent, regular annual performance appraisal conducted pursuant to Section 1012.34, F.S.;*
6. *Holds a valid Florida educator's certificate that has not been subject to discipline as the result of a final order of the Education Practices Commission after a formal, informal, or show cause hearing or settlement agreement **within the five (5) years immediately prior to the district's certification** pursuant to Section 1012.72(2)(c), Florida Statutes.*

*Signature, District School Superintendent/Developmental Research School Director:*_____