Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click print button.

ILLINOIS STATE BOARD OF EDUCATION
School Business Services Division
100 North First Street, N-330
Springfield, Illinois 62777-0001

FULL-TIME CERTIFIED STAFF REPORT
(Section 11E-135(d) – $4,000 Per Certified Staff Incentive)

Instructions: List all full-time licensed staff who have been employed for the entire year, along with license numbers and positions held in the appropriate column. Use additional sheets as needed

DISTRICT NAME AND NUMBER	COUNTY	TELEPHONE (Include Area Code)

NAME	LICENSE NUMBER	POSITION

NAME	LICENSE NUMBER	POSITION

TOTAL FULL-TIME LICENSED STAFF _____ X $4,000 = $ 0

INCENTIVE PAYMENT

☐ #1 ☐ #2 ☐ #3

SCHOOL YEAR _____

CERTIFICATION:

I certify that the information given in this report is correct and true to the best of my knowledge and was prepared in accordance with accompanying instruction. Anyone who knowingly makes a false statement on this report is punishable by law. (School Code, Section 2-3.15)

_____
Signature of President, Board of Education

_____
Signature of District Superintendent

_____
Date

_____
Date