



**DC Leading Educators toward Advanced Degrees (DC LEAD) Program
Child Development Facility Agreement**

The center director, principal, owner or authorized representative of the child development facility/school that employs a DC LEAD scholar must complete this agreement and sign below.

The DC LEAD program highly recommends the support and engagement of the DC LEAD scholar's employer. In the event _____ is awarded a scholarship
Applicant's name

through the DC LEAD program, I affirm that _____
Name of child development facility
agrees to carry out the responsibilities outlined below.

Responsibilities of Employer

- Provide paid release time¹ each week for scholarship recipient. The scholarship recipient can take a maximum of three hours per week of release time. Release time will be provided only when classes are in session.
- Commit to recognize employee's successful progress towards postsecondary credentials through increased financial compensation, as noted below.
At the end of the year, upon successful completion of 9-12 credit hours, the employer will provide to the DC LEAD scholar (check one of the options below):
_____ A \$300 bonus, in addition to any other expected raise or bonus; or
_____ A two percent wage increase, in addition to any other raise or bonus to which the employee would otherwise be entitled under the employer's existing compensation policies or employment agreement with the employee.

Responsibilities of DC LEAD

- DC LEAD will reimburse program for 100 percent of the release time hours claimed at an hourly rate of \$21.10.
- DC LEAD will keep the employer informed of progress towards completing the specified agreement year.

Responsibilities of Employee

- The employee will request days/times for paid release time at the beginning of each semester/period.
- The employee will remain employed for the duration of the specified agreement year.

¹ DC LEAD will reimburse the employer for paid release time at an hourly rate of \$21.10, based on the average cost of a substitute.



Effective Dates of Agreement

This agreement is effective _____ through _____.
Date *Date*

I decline to participate in this agreement.²

Name of Employee/DC LEAD Scholar: _____

Employee/DC LEAD Scholar Position: _____

Signature of Employee/DC LEAD Scholar: _____

Date: _____

Name of Employer: _____

Role of Authorized Individual Completing this Form: _____

Signature of Authorized Individual Completing this Form: _____

Date: _____

Name of DC LEAD Staff: _____

Role of DC LEAD Staff: _____

Signature of DC LEAD Staff: _____

Date: _____

² Please note: if the employer declines to participate, the scholar will not receive paid release time, the bonus/two percent wage increase after completing 9-12 credit hours. Declining will not exclude the applicant from receiving the scholarship.