DUE: September 27th, 2019

2019-2020 School Year
(8/12/2019-9/6/2019) 19 Days
First Quarter: Interim Period

F

SCHOOL NAME: _____

SCHOOL CODE#: _____

CHAPTER CHAIRPERSON SIGNATURE: _____

PRINCIPAL'S SIGNATURE: _____

CASE LOAD OVERAGES ONLY

GRADES PRK -12

Please List any Paraprofessionals that Assist You:

_____

_____

****Indicate the number of students on your case load that exceed the contractual limit****

Please circle your classification: ED CC MD/AU VI HH MF PreK

Name (Print) Last First	EMPLOYEE ID NUMBER	**# OF STUDENTS OVER**	EMPLOYEE SIGNATURE

****** IMPORTANT INFORMATION******

* Teachers may only be compensated once per child in his/her classroom. If you have BOTH a class size overage and a Special Education overage you can only be compensated once.
*** Supporting documentation MUST be attached. Payment will not be processed without backup documentation.**
* Documentation must be your caseload list which can be created in IEPplus.
* Please clearly mark or highlight ALL Special Education students that appear on attached documentation.
* Roster and documentation **MUST** match or your forms **WILL** be returned.
*** PAYMENT WILL NOT BE MADE UNTIL THE COMPLETION OF THE 2019-2020 SCHOOL YEAR (ON OR BEFORE JULY 15, 2020).**