

DUE: May 3rd, 2019

**2018-2019 School Year
(3/11/2019-4/12/2019) 19 Days
Fourth Quarter: Interim Period**

F

SCHOOL NAME: _____

CASE LOAD OVERAGES ONLY

Please List any Paraprofessionals that Assist You:

SCHOOL CODE#: _____

GRADES PRK -12

CHAPTER CHAIRPERSON SIGNATURE: _____

PRINCIPAL'S SIGNATURE: _____

****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 2018/2019 SCHOOL YEAR (ON OR BEFORE JULY 15, 2019).**