

**DUE: May 3rd, 2019**

**2018-2019 School Year  
ESP/DEPARTMENTALIZED: GRADES PRK-8  
(3/11/2019-4/12/2019) 19 Days  
Fourth Quarter: Interim Period**

**C**

Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_ School: \_\_\_\_\_ School Code#: \_\_\_\_\_  
Subject: \_\_\_\_\_

**Please indicate the number of students that EXCEED the class limits.**

PRK OVER 20 students per class. K-3 OVER 25 students per class. 4-8 OVER 28 students per class.

	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
1st Period						
2nd Period						
3rd Period						
4th Period						
5th Period						
6th Period						
7th Period						
8th Period						
<b>Total number of students over :</b>						

1. Label attached documentation with the day(s) and class period(s).
2. Worksheet and documentation **MUST** match or your forms **WILL** be returned.
3. Return this form and all supporting documentation to: **Areal Jones, Total Rewards Specialist.**
4. **PAYMENT WILL NOT BE MADE UNTIL THE COMPLETION OF THE 2018-2019 SCHOOL YEAR (ON OR BEFORE JULY 15, 2019).**
5. Only report number of students over.

**SIGNATURES:** CTU Member: \_\_\_\_\_ Date: \_\_\_\_\_  
Chapter Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal: \_\_\_\_\_ Date: \_\_\_\_\_