DUE: September 27th, 2019

2019-2020 School Year (8/12/2019-9/6/2019) 19 Days

First Quarter: Interim Period

GRADES PRK-3 ONLY

| SCHOOL NAME: | | CLASS SIZE ABOVE 25 STUDENTS | | | |
|------------------|----------------------|-------------------------------|------------------------------------|---------------------------------|--|
| SCHOOL CODE#: | | | | | |
| CHAPTER CHAIRP | PERSON SIGNATU | RE: | | | |
| PRINCIPAL'S SIGN | IATURE: | ···· | | | |
| ** In o | rder to receive paym | nent for the Oversize Class S | SY 19-20, the eSchoolPlus report t | for each teacher submitting Ove | erages must be attached to the OSC Forms** |
| Name (Print) | Last | First | Employee ID Number | # OF STUDENTS OVER | EMPLOYEE SIGNATURE |
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**** IMPORTANT INFORMATION****

*eSchoolPlus form must be attached for each employee on roster. (Payment will not be processed in the event form is not attached).

- * PAYMENT WILL NOT BE MADE UNTIL THE COMPLETION OF THE 2019-2020 SCHOOL YEAR (ON OR BEFORE JULY 15,2020).
- * Please verify figures before signing this form!
- * Only report the number of students OVER, do not report the total number of students.
- Your figures should not include decimals or fractions.
 All forms filled out incorrectly will be returned to the employee.