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: **Ann Niklas, Compensation Analyst**.
5. Only report number of students over.

**SIGNATURES:**  
CTU Member: ___________________________  Date: ______________

Chapter Chairperson: ______________________  Date: ______________

Principal: _____________________________  Date: ______________