

**DUE: September 27th, 2019**

**2019-2020 School Year  
SECONDARY/ESP TEACHERS: GRADES 9-12  
(8/12/2019-9/6/2019) 19 Days  
First Quarter: Interim Period**



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

**Please indicate the number of students that EXCEED the class limits. The limit is 30 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 you are over for the week:</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: **Ann Niklas, Compensation Analyst.**
- 4. PAYMENT WILL NOT BE MADE UNTIL THE COMPLETION OF THE 2019-2020 SCHOOL YEAR (ON OR BEFORE JULY 15, 2020).**
5. Only report number of students over.

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