

DUE: May 3rd, 2019

2018-2019 School Year  
SECONDARY/ESP TEACHERS: GRADES 9-12  
(3/11/2019-4/12/2019) 19 Days  
Fourth 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: **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: \_\_\_\_\_