

DUE: February 21st, 2020

**2019-2020 School Year
SECONDARY/ESP TEACHERS: GRADES 9-12
(1/7/2020-1/31/2020) 18 Days
Third 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						
Total number of students you are over for the week:						

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: _____