DUE: November 1st, 2019

SCHOOL NAME:

2019-2020 School Year (9/9/2019-10/11/2019) 25 Days

First Quarter: Grade Report

**SELF-CONTAINED: GRADES 4-8 ONLY** 

**CLASS SIZE ABOVE 28 STUDENTS** 

SCHOOL CODE#	: :				
CHAPTER CHAIR	RPERSON SIGNATU	JRE:			
PRINCIPAL'S SIG	SNATURE:				
**In ord	er to receive paymo	ent for Oversize Class SY 19	9-20, the eSchoolPlus report for e	each teacher submitting overa	ges must be attached to the OSC Forms**
Name (Print)	Last	First	EMPLOYEE ID	# OF STUDENTS OVER 28	EMPLOYEE SIGNATURE

\*\*\*\* IMPORTANT INFORMATION\*\*\*\*

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

  \* PAYMENT WILL NOT BE MADE UNTIL THE COMPLETION OF THE SCHOOL YEAR 2019-2020 (ON OR BEFORE JULY 15, 2020).
- \* All forms filled out incorrectly will be returned to the employee.