DUE: February 21st, 2020

SCHOOL NAME:

2019-2020 School Year (1/7/2020-1/31/2020) 18 Days

Third Quarter: Interim Period

SELF-CONTAINED: GRADES 4-8 ONLY

CLASS SIZE ABOVE 28 STUDENTS

SCHOOL CODE#:				
CHAPTER CHAIRPERSON SIGNAT	URE:			
PRINCIPAL'S SIGNATURE:				
In order to receive paym	nent for Oversize Class SY 19	9-20, the eSchoolPlus report for e	ach teacher submitting ove	erages 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.