

DUE: September 27th, 2019

**2019-2020 School Year
 Special Education Grades 9-12 OR Block Schedules Grades K-12
 (8/12/2019-9/6/2019) 19 Days
 First Quarter: Interim Period**

G

Name: _____ Employee ID# _____ School: _____ School Code#: _____
 Subject: _____

Please indicate the number of special education students that **EXCEED** the contractual limit per period. For block schedules, please indicate the number of students over the class limit.

	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
____ Per./Mod.						
____ Per./Mod.						
____ Per./Mod.						
____ Per./Mod.						
____ Per./Mod.						
____ Per./Mod.						
Total number of students you are over for the week:						

CIRLCE ONE	BLOCK	# OF STUDENTS OVER
A/B		
4X4		

1. Label attached eSchoolPLUS supporting 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).**

SIGNATURES:

CTU Member: _____ Date: _____

Chapter Chairperson: _____ Date: _____

Principal: _____ Date: _____