

DUE: May 3rd, 2019

**2018-2019 School Year
Special Education Grades 9-12 OR Block Schedules Grades K-12
(3/11/2019-4/12/2019) 19 Days
Fourth 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.

Please list any Paraprofessionals that assist you: _____

	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
A/B
4X4

BLOCK	# OF STUDENTS OVER

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: **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).**

SIGNATURES:

CTU Member: _____ Date: _____

Chapter Chairperson: _____ Date: _____

Principal: _____ Date: _____