

DUE: February 21st, 2020

2019-2020 School Year  
Special Education Grades 9-12 OR Block Schedules Grades K-12  
(1/7/2020-1/31/2020) 18 Days  
Third 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.						
<b>Total number of students you are over for the week:</b>						

  

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: \_\_\_\_\_