

DUE: September 28th, 2018

**2018-2019 School Year
(8/13/2018-9/7/2018) 19 Days
First Quarter: Interim Period**

F

SCHOOL NAME: _____

CASE LOAD OVERAGES ONLY

SCHOOL CODE#: _____

GRADES PRK -12

CHAPTER CHAIRPERSON SIGNATURE: _____

PRINCIPAL'S SIGNATURE: _____

****Indicate the number of students on your case load that exceed the contractual limit****

Please circle your classification: ED CD MU/AUT OH MF Preschool

Name (Print) Last First	EMPLOYEE ID NUMBER	# OF STUDENTS OVER	EMPLOYEE SIGNATURE

****** IMPORTANT INFORMATION******

- * Teachers may only be compensated once per child in his/her classroom. If you have BOTH a class size overage and a Special Education overage you can only be compensated once.
- * **Supporting documentation MUST be attached. Payment will not be processed without backup documentation.**
- * Documentation must be your caseload list which can be created in IEPplus.
- * Please clearly mark or highlight ALL Special Education students that appear on attached documentation.
- * Roster and documentation **MUST** match or your forms **WILL** be returned.
- * **PAYMENT WILL NOT BE MADE UNTIL THE COMPLETION OF THE 2018/2019 SCHOOL YEAR (ON OR BEFORE JULY 15, 2019).**