

DUE: December 14th, 2018

**2018-2019 School Year
(10/15/2018-11/16/2018) 23 Days
Second Quarter: Interim Period**

F

SCHOOL NAME: _____

CASE LOAD OVERAGES ONLY

Please List any Paraprofessionals that Assist You:

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 |
|---|--------------------|-----------------------|--------------------|
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****** 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).**