

DUE: December 14th, 2018

**2018-2019 School Year
ESP/DEPARTMENTALIZED: GRADES PRK-8
(10/15/2018-11/16/2018) 23 Days
Second Quarter: Interim Period**

C

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

Please indicate the number of students that EXCEED the class limits.

PRK OVER 20 students per class. K-3 OVER 25 students per class. 4-8 OVER 28 students per class.

| | Monday | Tuesday | Wednesday | Thursday | Friday | TOTAL |
|--|--------|---------|-----------|----------|--------|-------|
| 1st Period | | | | | | |
| 2nd Period | | | | | | |
| 3rd Period | | | | | | |
| 4th Period | | | | | | |
| 5th Period | | | | | | |
| 6th Period | | | | | | |
| 7th Period | | | | | | |
| 8th Period | | | | | | |
| Total number of students over : | | | | | | |

1. Label attached 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).**
5. Only report number of students over.

SIGNATURES: CTU Member: _____ Date: _____
Chapter Chairperson: _____ Date: _____
Principal: _____ Date: _____