

DUE: September 28th, 2018

**2018-2019 School Year
SECONDARY/ESP TEACHERS: GRADES 9-12
(8/13/2018-9/7/2018) 19 Days
First Quarter: Interim Period**

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

Please indicate the number of students that EXCEED the class limits. The limit is 30 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 you are over for the week:						

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: _____