SCHOOL NAME:

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

First Quarter: Interim Period

**SELF-CONTAINED: GRADES 4-8 ONLY** 

**CLASS SIZE ABOVE 28 STUDENTS** 

SCHOOL CODE#:			
CHAPTER CHAIRPERSON SIGNATURE:			
PRINCIPAL'S SIGNATURE:			
**In order to receive payment for Oversize Class SY 18-19, the eSchoolPlus report for each teacher submitting overages must be attached to the OSC Forms**			
Name (Print) Last First	EMPLOYEE ID	# OF STUDENTS OVER 28	EMPLOYEE SIGNATURE

\*\*\*\* IMPORTANT INFORMATION\*\*\*\*

- \* eSchoolPlus form must be attached for each employee on roster. (Payment will not be processed in the event form is not attached.)
- \* Please verify figures before signing this form!
- \* Only report the number of students OVER, do not report the total number of students.
- \* Your figures should not include decimals or fractions.
- \* PAYMENT WILL NOT BE MADE UNTIL THE COMPLETION OF THE SCHOOL YEAR 2018-2019 (ON OR BEFORE JULY 15, 2019).
- \* All forms filled out incorrectly will be returned to the employee.