

**DUE: December 14th, 2018**

**2018-2019 School Year  
 Special Education Grades 9-12 OR Block Schedules Grades K-12  
 (10/15/2018-11/16/2018) 23 Days  
 Second Quarter: Interim Period**

**G**

**Name:** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_ **School:** \_\_\_\_\_ **School Code#:** \_\_\_\_\_  
**Subject:** \_\_\_\_\_

Please indicate the number of special education students that **EXCEED** the contractual limit per period. For block schedules, please indicate the number of students over the class limit.

Please list any Paraprofessionals that assist you: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
____ Per./Mod.						
____ Per./Mod.						
____ Per./Mod.						
____ Per./Mod.						
____ Per./Mod.						
____ Per./Mod.						
<b>Total number of students you are over for the week:</b>						

CIRLCE ONE
A/B
4X4

BLOCK	# OF STUDENTS OVER

1. Label attached eSchoolPLUS supporting 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).**

**SIGNATURES:**

CTU Member: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_