

Compensation For Over Contractual Class Size Limit

School Year: _____

Name: _____ School: _____

Class Grade and/or Subject; _____

This will be paid at the end of the current school year. Must be submitted by June 1st (preferred)

Below is to be filled out if you are an Elementary Teacher		
# Students _____ X	# Days _____ X	\$25 = \$ _____
# Students _____ X	# Days _____ X	\$25 = \$ _____
Below is to be filled out if you are a Specialist at the Elementary Level		
# Students _____ X	# Days _____ X	\$5 = \$ _____
# Students _____ X	# Days _____ X	\$5 = \$ _____
Below is to be filled out if you are a Middle or High School Teacher		
# Students _____ X	# Days _____ X (a 90 min period at the high school meeting every other day would be compensated as meeting every day)	\$5 = \$ _____
# Students _____ X	# Days _____ X (a 90 min period at the high school meeting every other day would be compensated as meeting every day)	\$5 = \$ _____

Verifying Signature: Elementary or Middle School Principal or High School

Director of Guidance: _____