

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 Middle or High School Teacher or 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 High School Teacher over the course load cap of 125 students		
# Students _____ X	# Days _____ X	\$7.50 = \$ _____
# Students _____ X	# Days _____ X	\$7.50 = \$ _____
Below is to be filled out if you are a Middle School Teacher over the course load cap of 100 students		
# Students _____ X	# Days _____ X	\$7.50 = \$ _____
# Students _____ X	# Days _____ X	\$7.50 = \$ _____

Principal: _____