

PICKERINGTON LOCAL SCHOOL DISTRICT
Class Size Overage Payment Form

Class size overage payments include the first 10 days of school, unless adjustments can be made to reduce class size to 26 or less. (Reference Article 41 – Class Size)

Employee ID

Teacher (please print) _____ Date _____

Building _____ Grade _____

Note: Must be submitted to building principal/designee at the end of each grading period.

Total Class Size / # of Overage

Week:

Ex:	1	2	3	4	5	6	7	8	9	10
Date 9/1										
27 1	/	/	/	/	/	/	/	/	/	/

Office Use: **TO BE COMPLETED BY PRINCIPAL**

_____ Student(s) approved for overload payments (\$30.00 per week/per student) for grades K-4 regular self-contained classrooms.

_____ Week(s) approved for payment.

Principal's Approval