

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 28 or less. (Reference Article 41 – Class Size)

Employee ID

Teacher (please print) _____ Date _____

Building/Specials Area _____ Grade _____

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

| Homeroom Teacher | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Spec. Ed. Inclusion <input checked="" type="checkbox"/> |
|------------------|---------|---|---|---|---|---|---|---|---|----|---|
| Week: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Date: | 9/1 | | | | | | | | | | |
| Sample – Math | 30 2 | / | / | / | / | / | / | / | / | / | |
| | / | / | / | / | / | / | / | / | / | / | |
| | / | / | / | / | / | / | / | / | / | / | |
| | / | / | / | / | / | / | / | / | / | / | |
| | / | / | / | / | / | / | / | / | / | / | |

Total Load _____

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

_____ Student(s) approved for overload payment - \$8.00 per student per class.

_____ Week(s) approved for payment.

Principal's Approval