



WPA - \_\_\_\_\_

Current Month that Exceeds Trigger: \_\_\_\_\_

Building \_\_\_\_\_ Grade \_\_\_\_\_

Teacher (Print First & Last Name) \_\_\_\_\_

**Step One:**

Indicate the total number of students in the applicable grade where the overload conditions occurred.

- Kindergarten \_\_\_\_\_ Total  
*(Exceeds 25)*
- 1<sup>st</sup> to 4<sup>th</sup> Grade \_\_\_\_\_ Total  
*(Exceeds 26)*
- 5<sup>th</sup> Grade \_\_\_\_\_ Total  
*(Exceeds 29)*

**Step Two:**

Select one of the options below to indicate how you would like to be compensated.

- Substitute Request: One day substitute per month for planning.  
Specify the date for the substitute. \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: Date used must be no later than the end of the following month of the overload condition.**

Account Code: 0106 – 27 – 2980 - \_\_\_\_ - 090

- Pay Request:  
Account Code: 0106 – 27 – 2200 – \_\_\_\_ – 090

- Other Plan of Action:
  - Attach a narrative. If applicable, include the account code in the narrative.
  - If you are a Classified employee, Para time must be equivalent to one day of substitute pay and a copy of the Para’s timesheet must be attached to this form.

**Step Three:**

The employee and principal must attest to the accuracy of the total number of students that exceeded class size overload for five school days for the month entered above.

\_\_\_\_\_  
Employee Signature (original signature required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature (original signature required)

\_\_\_\_\_  
Date

**Send completed form/packet to Meg Bushnell at ESC 2 to process.**

Office Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_