



Current Month that Exceeds Trigger: _____ WPA - _____

Building _____ Grade _____

Teacher (Print First & Last Name) _____

Step One:

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

Exceeds 33 students in core subjects (Lang Arts, Social Studies, Science, Mathematics and World Lang)

Course Code _____ Section _____ Total Class Size _____
Course Code _____ Section _____ Total Class Size _____
Course Code _____ Section _____ Total Class Size _____

Exceeds 45 students in physical education classes

Course Code _____ Section _____ Total Class Size _____
Course Code _____ Section _____ Total Class Size _____

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. ____/____/____

Account Code: 0106 – 27 – 2980 - ____ - 090

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

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: _____

