DAYTON BOARD OF EDUCATION

OVERLOAD PAY

THIS FORM IS TO BE USED BY TEACHERS WHO CHANGE STUDENTS EACH DAY
PLEASE PRINT

APPROVED CLASS SIZES:

K-1 = 25	2-3 = 27	4-6 = 29	7-8 = 32	9-12 = 35

SCHOOL NAME: _____

TEACHER NAME: _____

EMP ID #: _____

DATE:	STUDENTS ASSIGNED:	APPROVED CLASS SIZE:	STUDENT OVERLOAD	OVERLOAD RATE:
_____	_____	_____	_____	x37.50= _____
_____	_____	_____	_____	x37.50= _____
_____	_____	_____	_____	x37.50= _____
_____	_____	_____	_____	x37.50= _____
			_____ TOTAL	$ _____ TOTAL OVERLOAD PAY

1. ORIGINAL FORM TO BE SUBMITTED TO PRINCIPAL NO LATER THAN ONE (1) WEEK AFTER SEMESTER ENDS.

2. FORM MUST ALSO BE SIGNED BY EXECUTIVE PRINCIPAL BEFORE BEING PAID.

3. OVERLOAD PAY AMOUNT TO BE PAID SECOND PAY AFTER THE END OF THE SEMESTER.

TEACHER SIGNATURE _____ DATE: _____

PRINCIPAL SIGNATURE _____ DATE: _____

EXECUTIVE PRINCIPAL _____ DATE: _____