

DAYTON BOARD OF EDUCATION

OVERLOAD PAY

THIS FORM IS TO BE USED FOR TEACHERS WHO HAVE THE SAME STUDENTS ALL 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: _____

LAST 4 DIGITS OF SS# _____ GRADE _____ PAY DATE: _____

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: _____