

**OVERLOAD PAY FORM: GRADES K - 6**

PER ARTICLE 12.01 & 12.02 : APPROVED CLASS SIZES

<u>K - 1st</u>	<u>2nd - 3rd</u>	<u>4th - 6th</u>
25	27	29

- 1) ATTACH ROSTER REPORT(S) TO OVERLOAD PAY FORM
- 2) OVERLOAD FORM MUST BE SUBMITTED TO PRINCIPAL NO LATER THAN ONE (1) WEEK AFTER SEMESTER ENDS.
- 3) PRORATED FACTOR = NUMBER OF DAYS OF OVERLOAD / NUMBER OF DAYS IN SEMESTER
- 4) OVERLOAD PAY = PRORATED FACTOR x STUDENTS OVERLOAD x \$150.00
- 5) FORM MUST ALSO BE SIGNED BY THE CHIEF BEFORE BEING PAID
- 6) OVERLOAD PAY AMOUNT TO BE PAID AFTER THE END OF EACH SEMESTER

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Teacher Name (PLEASE PRINT)

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Last 4 Digits of SSN

		<u>A</u>			<u>B</u>	<u>C</u>	<u>A x B x C</u>
# of Days with Overload:	# of Days in Semester:	3) Prorated Factor:	Student Assigned:	Approved Class Size:	Students Overload:	Semester Overload Rate:	4) Overload Pay
<u>60</u>	<u>87</u>	<u>0.69</u>	<u>29</u>	<u>27</u>	<u>2</u>	\$ 150.00 = \$	<u>207.00</u> *
_____	_____	_____	_____	_____	_____	\$ 150.00 =	_____
_____	_____	_____	_____	_____	_____	\$ 150.00 =	_____

EXAMPLE: \* A 2nd grade Teacher is assigned 29 kids  
for 60 days in a Semester which has 87 days

TEACHER SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

TOTAL OVERLOAD PAY \_\_\_\_\_

PRINCIPAL SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

CHIEF OF SCHOOLS SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_