

OVERLOAD PAY FORM: 7 - 12

PER ARTICLE 12.03 & 12.04 : APPROVED DAILY PUPIL AMOUNT

7th - 8th 9th - 12th
160 170

School Name

Teacher Name (PLEASE PRINT)

- 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 WITH OVERLOAD / NUMBER OF DAYS IN SEMESTER
- 4) OVERLOAD PAY = PRORATED FACTOR x STUDENTS OVERLOAD x \$30.00
- 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

Period:	Employee ID Number		Last 4 Digits of SSN		Grade Level		A x B x C	
	# of Days with Overload:	# of Days in Semester:	A	3) Prorated Factor:	Student Assigned:	B	C	4) Overload Pay:
_____	_____	_____	_____	_____	_____	_____	_____	\$ 30.00 = \$ -
_____	_____	_____	_____	_____	_____	_____	_____	\$ 30.00 = _____
_____	_____	_____	_____	_____	_____	_____	_____	\$ 30.00 = _____
_____	_____	_____	_____	_____	_____	_____	_____	\$ 30.00 = _____
_____	_____	_____	_____	_____	_____	_____	_____	\$ 30.00 = _____

TEACHER SIGNATURE: _____

Date: _____

TOTAL OVERLOAD PAY _____ -

PRINCIPAL SIGNATURE: _____

Date: _____

CHIEF OF SCHOOLS SIGNATURE: _____

Date: _____