

PUPIL OVERAGE REQUEST FOR PAYMENT

Please pay the following teacher for students enrolled in excess of mandated limits. Payment is to continue until the Treasurer's Office is notified by the individual school's Principal.

\_\_\_\_\_  
Teacher's Name

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

\_\_\_\_\_  
Beginning Date

\_\_\_\_\_  
Ending Date (if known)

Number of Students In Excess of Limit: \_\_\_\_\_

Grade: \_\_\_\_\_

Excess pay is based on degree, years of experience, and number of students over stipulated limit (maximum of three). Use this form to notify the Finance Office of changes and the appropriate date(s). It is the intent of the Finance Office to pay the next payroll following the end of the regular school month. Computations will be made by, and, questions can be directed to the Treasurer and/or Payroll Supervisor.

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

FINANCE OFFICE USE

ANNUAL SALARY: \_\_\_\_\_

CONTRACT LENGTH: \_\_\_\_\_ DAYS

DAILY RATE: \_\_\_\_\_

KINDERGARTEN (1/20<sup>TH</sup> OF DAILY RATE): \_\_\_\_\_

GRADES 1-6 (1/25<sup>TH</sup> OF DAILY RATE): \_\_\_\_\_

ADDITIONAL PAY PER MONTH (DAILY RATE x 20 DAYS): \_\_\_\_\_