



**Special Education Secondary Overload**  
 2023-2024 School Year  
**First Semester (Deadline January 16, 2024)**

Teacher Name (Print): \_\_\_\_\_ Employee ID#: \_\_\_\_\_ School: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ / \_\_\_\_\_ Date Spec. Ed. Admin. Signature: \_\_\_\_\_ / \_\_\_\_\_ Date

Program-Class Max (circle one):     **EI-10**     **MICI-15**     **RR-10**     **ASD-5**     **HI-7**     **VI-8**

Class Hour	Class Name (be specific, include grade)	No. in class 10/2/23	No. in class 11/6/23	No. in class 12/4/23	No. in class 12/18/23	Total	Divide by 4	Class max	Overload
1 <sup>st</sup> hour									
2 <sup>nd</sup> hour									
3 <sup>rd</sup> hour									
4 <sup>th</sup> hour									
5 <sup>th</sup> hour									
6 <sup>th</sup> hour									
7 <sup>th</sup> hour									
<b>Total</b>									

Account Number	
Finance Approval	
HR Approval	

Total Overload	
x \$4.53 (per student)	
x 19 weeks (Total to be paid)	