



Special Education Elementary Overload
 2023-2024 School Year
First Semester (Deadline February 12, 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 Name	Min/Class	*10/09	10/16	10/23	10/30	11/6	11/13	11/20	11/27	12/4	12/11	12/18	1/8	1/16	Total	Divide by 13	Class Max	Overload
Total																		

*If overload exists on this date, payment will be made for first weeks of 1st semester.

Class Minutes	x Overload	=Total Overload Minutes
Total		

Total Overload	
Divide by 360 minutes	
x \$22.68	
x 19 Weeks	

Account Number	
Finance Approval	
HR Approval	