Special Education Secondary Overload
2023-2024 School Year
Second Semester (Deadline June 3, 2024)

Teacher Name (Print): _____ Employee ID#: _____ School: _____

Principal's Signature: _____/_____ Spec. Ed. Admin. Signature: _____/_____
Date   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 2/12/24	No. in class 3/11/24	No. in class 4/8/24	No. in class 5/13/24	Total	Divide by 4	Class max	Overload
1st hour									
2nd hour									
3rd hour									
4th hour									
5th hour									
6th hour									
7th hour									
Total									

Account Number	
Finance Approval	
HR Approval	

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