



Special Education Elementary Overload
 2023-2024 School Year
Second Semester (Deadline June 24, 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	2/20	2/26	3/4	3/11	3/18	4/1	4/8	4/15	4/22	4/29	5/6	5/13	5/20	5/28		Total	Divide by 14	Class Max	Overload
Total																				

*If overload exists on this date, payment will be made for first weeks of 2nd 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	