



Special Education Secondary Overload
 2022-2023 School Year
First Semester (Deadline January 16, 2023)

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 10/3/22	No. in class 11/7/22	No. in class 12/5/22	No. in class 12/19/22	Total	Divide by 4	Class max	Overload
1 st hour									
2 nd hour									
3 rd hour									
4 th hour									
5 th hour									
6 th hour									
7 th hour									
Total									

Account Number	
Finance Approval	
HR Approval	

Total Overload	
x \$4.05 (per student)	
x 19 weeks (Total to be paid)	