



SESSION OVERLOAD RESOURCES CLAIM ELEMENTARY SPECIALIST

NAME: _____ SCHOOL: _____ MONTH/YEAR: _____

Overload guidelines apply following the first full week of the school year.

When the number of students in an elementary specialist's sessions exceeds the following numbers, the District will provide the fractional part of the specialist's session load per day, per K-5 student, in compensation* to the specialist for each student above these numbers:

EC	18
1	20
2	20
3	20
4-5	28

By the 1st of each month in which you have a class overload, submit this claim form for the previous month through the principal's office for payment at the end of the month.

Students Above Class Load

Number of Times Seen

Claim

_____ X _____ X \$1.88

Total Claimed \$ 0

Employee Signature

Date

Supervisor Signature

Date

*Eight sessions per day = 1/8 of \$15.00 = \$1.88 per student in overload x sessions per month

Admin Use:

Pay Code	Amount	Account Code
T025	\$	10 E 530 0100 27 2111 _____ 0000 0000 1

BUILDING CODES:☼ DISTRICT 0000, DHES 1030, LTES 1010, NTMS 2020