



Colorado Springs School District 11

Overload Teaching Authorization

School Year: 2023-2024

Quarter: **Second Semester Only**

THIS FORM MUST BE COMPLETED AND SUBMITTED TO HR AT THE BEGINNING OF EACH SEMESTER.

School: _____

Teacher Name: _____ Emp ID: _____

Content Area: _____

Specific 6th Period Class or Caseload: _____

I am hereby agreeing to teach an overload class or caseload for District 11 during my planning time. I understand that I will be compensated for this class on a calculation of annual salary times 0.10 per semester. I understand that this formula effectively and adequately compensates me for all non-contact days. I further understand that if this form is not submitted to Human Resources at the beginning of each semester, my compensation payment as outline in the Master Agreement, may be delayed.

Approved: _____
Teacher Date

Approved: _____
Principal Date

Approved: _____
Account Manager if no FTE available Date

Account String: _____

<i>HR Administrative Use Only</i>	
School FTE Available _____	_____ HR Approval
Annual Compensation \$ _____	_____ Director of Compensation
Semester Stipend Amount \$ _____	_____ Date Submitted to Payroll

THIS FORM IS DUE ON JANUARY 31, 2024 for 2ND SEMESTER