



# Mt. Diablo Unified School District

PAY PERIOD ENDING: \_\_\_\_\_

## CLASS SIZE OVERAGE CERTIFICATED TIME SHEET

Month \_\_\_\_\_ Year \_\_\_\_\_

NAME: \_\_\_\_\_

EMPLOYEE ID: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SCHOOL/SITE: \_\_\_\_\_

1936 Carlotta Dr., Wing B  
Concord, CA 94518  
925-682-8000 ext 4201

**Please note:** Overage timesheets MUST be submitted MONTHLY to School Support, Wing C.

Overage pay is as follows: Elementary Teachers -\$31.01 (per student, per day); Secondary Teachers-\$6.20 (per student, per period, per day)

Class Period/Grade	Grade Level and/or Subject	Total # of Students on Daily Attendance Sheet(s)	Total # of Students Allowed per Contract by Grade Level (Daily)	Number of Students Over Contract (Daily Overage)	Date Beginning (ie., 09/21/22)	Date Ending (ie., 10/20/22)	Total School Days Over	Overage Rate Per Student (see above)	Approval (Office Use Only)

**\*Your Aeries "Attendance Class Roster" (by Period for Secondary) report must be attached to this timesheet for submission and approval. The Attendance Class Roster report will account for all days claimed above. Please submit your completed form on a monthly basis to: School Support, Dent, Wing C**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Elementary Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Director of Secondary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief, Educational Services: \_\_\_\_\_ Date: \_\_\_\_\_ HR Admin Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PAYROLL:**

Time	Description	Hour Code	Rate of Pay	Expense Code
				01.0000.1110.1000.50630000.____.006.1160 (K12)
				01.0000.3_00.1000.50630000._4____.006.1160 (Alt Ed)
				01.0000.5730.1000.50630000._7____.006.1160 (SpEdPreK)
				01.0000.5770.1110.50630000.____.006.1160 (Sp Ed)

**THIS TIME SHEET MUST BE SUBMITTED BY THE 21<sup>ST</sup> OF THE MONTH TO BE PAID BY THE 10<sup>TH</sup> OF THE FOLLOWING MONTH**