



24-25 Overload Stipend Request Form

Name: _____ Overload Count Day: _____

Position: _____ Date Submitted: _____

School: _____ Account Code: _____

Example:

18	_____	Total Class Size or Caseload on Count Day
16	_____	Max Class Size or Caseload Per Contract Language
2	_____	Total Number of Overload
\$100.00	_____	Amount per Overload Per Contract Language
\$200.00	_____	Total to Pay

By Signing this form, I verify that I have reviewed all applicable contract language, attached appropriate count day rosters to this form to verify the overload and acknowledge I am not claiming any student with IEP out of compliance as part of overload.

Employee Signature: _____ Supervisor Signature: _____
(Full Name Required) (Required)

Date Signed: _____ Date Signed: _____

Please see Contract Language from the Collective Bargaining Agreement:
Class Size/Caseload: Article IV, Section 25
Student Support Services Caseload: Article IV, Section 26