TRAVIS UNIFIED SCHOOL DISTRICT
Class Overage Payroll Sheet

Employee Name: _____ EMP ID: _____

Grade: _____ Period: _____ School: _____

Please list the number of students over contract maximum that are enrolled in your class each day, sign this form, and turn it into the office on the last day – ***AS INDICATED***. The business office will pay the amount owed on the next payroll period if the criteria of Article 9 of the contract are met. It is the teacher's responsibility to turn in this sheet to the office.

August 3rd – August 31st, 2026

Due September 4, 2026

Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
3	4	5	6	7
10	11	12 First Day of School	13	14
17	18	19	20	21
24	25	26	27	28
31				

_____ _____
Principal's Signature Employee's Signature

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[OFFICE USE ONLY]

Human Resources Signature: _____ Date: _____

Pay Code: _____ Amount to be Paid: _____

TRAVIS UNIFIED SCHOOL DISTRICT
Class Overage Payroll Sheet

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September 1st – September 30th, 2026

Due October 2, 2026

Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
	1	2	3	4
7 *Holiday*	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

_____ _____
Principal's Signature Employee's Signature

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Human Resources Signature: _____ Date: _____

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Class Overage Payroll Sheet

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Grade: _____ Period: _____ School: _____

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October 1st – October 30th, 2026

Due November 6, 2026

Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
			1	2
5	6	7	8	9
12 *Break*	13	14	15	16
19	20	21	22	23
26	27	28	29	30

_____ _____
Principal's Signature Employee's Signature

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[OFFICE USE ONLY]

Human Resources Signature: _____ Date: _____

Pay Code: _____ Amount to be Paid: _____

TRAVIS UNIFIED SCHOOL DISTRICT
Class Overage Payroll Sheet

Employee Name: _____ EMP ID: _____

Grade: _____ Period: _____ School: _____

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November 2nd – November 30th, 2026

Due December 4, 2026

Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
2	3	4	5	6
9	10	11 *Holiday*	12	13
16	17	18	19	20
23	24	25 *Thanksgiving Holiday*	26	27
30				

_____ _____
Principal's Signature Employee's Signature

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[OFFICE USE ONLY]

Human Resources Signature: _____ Date: _____

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TRAVIS UNIFIED SCHOOL DISTRICT
Class Overage Payroll Sheet

Employee Name: _____ EMP ID: _____

Grade: _____ Period: _____ School: _____

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December 1st – December 18th, 2026

Due January 8, 2027

Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23 *Winter Break*	24	25
28	29	30	31	

_____ _____
Principal's Signature Employee's Signature

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[OFFICE USE ONLY]

Human Resources Signature: _____ Date: _____

Pay Code: _____ Amount to be Paid: _____

TRAVIS UNIFIED SCHOOL DISTRICT
Class Overage Payroll Sheet

Employee Name: _____ EMP ID: _____

Grade: _____ Period: _____ School: _____

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January 4th – January 29th, 2027

Due February 5, 2027

Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
				1 *Winter Break*
4	5	6	7	8
11	12	13	14	15
18 *Holiday*	19	20	21	22
25	26	27	28	29

_____ _____
Principal's Signature Employee's Signature

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[OFFICE USE ONLY]

Human Resources Signature: _____ Date: _____

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TRAVIS UNIFIED SCHOOL DISTRICT
Class Overage Payroll Sheet

Employee Name: _____ EMP ID: _____

Grade: _____ Period: _____ School: _____

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February 1st – February 26th, 2027

Due March 5, 2027

Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
1	2	3	4	5
8	9	10	11	12
15	16	17 *Break*	18	19
22	23	24	25	26

_____ _____
Principal's Signature Employee's Signature

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[OFFICE USE ONLY]

Human Resources Signature: _____ Date: _____

Pay Code: _____ Amount to be Paid: _____

TRAVIS UNIFIED SCHOOL DISTRICT
Class Overage Payroll Sheet

Employee Name: _____ EMP ID: _____

Grade: _____ Period: _____ School: _____

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March 1st – March 25th, 2027

Due April 2nd, 2027

Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26 *Break*
29	30 *Break*	31		

_____ _____
Principal's Signature Employee's Signature

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[OFFICE USE ONLY]

Human Resources Signature: _____ Date: _____

Pay Code: _____ Amount to be Paid: _____

TRAVIS UNIFIED SCHOOL DISTRICT
Class Overage Payroll Sheet

Employee Name: _____ EMP ID: _____

Grade: _____ Period: _____ School: _____

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April 1st – April 29th, 2027

Due May 7, 2027

Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
			1	2 *Break*
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30 *Holiday*

_____ _____
Principal's Signature Employee's Signature

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[OFFICE USE ONLY]

Human Resources Signature: _____ Date: _____

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TRAVIS UNIFIED SCHOOL DISTRICT
Class Overage Payroll Sheet

Employee Name: _____ EMP ID: _____

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May 3rd – May 28th, 2027

Due June 4, 2027

Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31 *Holiday*				

_____ _____
Principal's Signature Employee's Signature

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Human Resources Signature: _____ Date: _____

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TRAVIS UNIFIED SCHOOL DISTRICT
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June 1st – June 3rd, 2027

Due July 1, 2027

Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
	1	2	3 *Last Day of School*	4 *Break*

_____ _____
Principal's Signature Employee's Signature

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[OFFICE USE ONLY]

Human Resources Signature: _____ Date: _____

Pay Code: _____ Amount to be Paid: _____