WINDSOR UNIFIED SCHOOL DISTRICT

Business Office - Payroll Department

OVERAGE COMPENSATION FORM
FY 2015-16

***CONTRACTUAL MAXIMUMS**

TK – 8th Grade:		Combination Classes:	
TK-3	24 Students	TK/K,K/1, 1/2, 2/3	22 students
4-8	30 Students	3/4	28 students
		4/5, 5/6	29 students
		6/7, 7/8	30 students
		6/7/8	29 students

CCLA and High School (excluding TA's):		Windsor Middle School (excluding TA's):
		6th/7th PE 38 Per Period, 179 Contacts Per Day
Total Student Contacts 9-12	158	8th PE 190 Contacts Per Day
Music and Physical Education	208	Music 179 Contacts Per Day

Special Day Classes:
K-12 19 students

***Please refer to WDEA/WUSD Contract for specific language regarding class size limits.**

Teacher Name: _____ School: _____ Month: _____

Social Security Number: XXX-XX-_____ Grade and/or Period: _____
(last 4 digits required)

I certify that my class exceeded the above limits on the days as stated on the reverse side of this document. I request payment for overage based upon the appropriate rate per student as defined by the WDEA/WUSD Contract. (Supporting documentation attached.)

Approved: _____ Teacher: _____
Site Administrator Signature Teacher Signature

District Approval: _____
District Administrator Signature

PAYROLL USE ONLY

Account Code: _____0000-0-1110-1000-1154-____ Total Paid: _____

Earning/Retr Code: CLOV 57-0-6 Payroll Date: _____

_____

_____

_____

Revised: 7/15 ys

DO2a

All claims must be filed within 90 days of the overage, per contract agreement.
This side must be completed accurately to insure payment on a monthly basis.

Name: ______________________________ **Month/Year:** ______________________

DATE	CONTRACTUAL MAXIMUM	ACTUAL STUDENT CONTACTS	DIFFERENCE (STUDENT OVERAGE)	DAILY RATE PER STUDENT	DAILY TOTAL
				Total Overage Payment =	