

Grade Level Enrollment Additional Compensation for 6th-12th Grades

Teacher

Building

Article 6D – Page 18 current CBA: In grade levels 6-12, when a single section exceeds the limit of 30, the Teacher shall be compensated at a rate of \$125 per student per year – excluding fine arts and PE classes.

Complete this form for any/all classes you had 30+ students enrolled in for the semester and/or year. If you had more than 2 classes that had the same # of students (3 classes with 32) please use a second form.

	Semester 1	Semester 2	Full Year	Course Name	Total
<input type="checkbox"/> 31 1 over	<input type="checkbox"/> \$62.50	<input type="checkbox"/> \$62.50	<input type="checkbox"/> \$125.00		
<input type="checkbox"/> 31 1 over	<input type="checkbox"/> \$62.50	<input type="checkbox"/> \$62.50	<input type="checkbox"/> \$125.00		
<input type="checkbox"/> 32 2 over	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125	<input type="checkbox"/> \$250.00		
<input type="checkbox"/> 32 2 over	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125	<input type="checkbox"/> \$250.00		
<input type="checkbox"/> 33 3 over	<input type="checkbox"/> \$187.50	<input type="checkbox"/> \$187.50	<input type="checkbox"/> \$375.00		
<input type="checkbox"/> 33 3 over	<input type="checkbox"/> \$187.50	<input type="checkbox"/> \$187.50	<input type="checkbox"/> \$375.00		
<input type="checkbox"/> 34 4 Over	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$500.00		
<input type="checkbox"/> 34 4 Over	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$500.00		
<input type="checkbox"/> 35 5 over	<input type="checkbox"/> \$312.50	<input type="checkbox"/> \$312.50	<input type="checkbox"/> \$625.00		
TOTAL COMPENSATION					\$

Please check your payment selection.

- Lump Sum (end of school year) – June 7, 2024 (Submit by 5/24/2024)
- Lump Sum (first check after semester) – February 2, 2024 (Submit by 1/22/2024)

Signature of Teacher

Date

Signature of Principal

Date

Signature of Superintendent

Date

FOR BUSINESS OFFICE USE

PAYOP: _____	REF#: _____
BEGIN: _____	# PAYS: _____
END: _____	BIWEEK: _____
	RETIRE: _____