

Tahoma School District No. 409
Maple Valley, Washington

Class Size Services Rendered Form

All services rendered forms must be turned into the Financial Services office by the 12th day of each month following the services rendered.

Name: _____ Social Security #: _____

Address: _____ Building: _____

_____ Grade Level: _____

These services rendered cover the dates from: _____ to _____.

Total Class Size

Number of students over class size limit

Number of days claiming compensation

Number of students over limit _____ x Number of days over limit _____ x \$4 = Total \$ _____

Account Code: _____
(0100-27-260-xx-xx)

I hereby certify under penalty of perjury that this is a true and correct claim for class size compensation and that no payment has been received by me on account thereof.

Claimant Signature

Date

Building Administrator's Signature

Date

Director of Human Resources' Signature

Date

MIDDLE SCHOOL CLASS SIZE OVERLOAD CLAIM FORM

Teacher Name /
School: _____

SSN _____

Week	A	B	C	D	E
Date	Per.	Min.	No. of Students Over 31	No. of Days This Week	# Eligible Minutes
	1				0
	2				0
	3				0
	4				0
	5				0
	6				0
			Total Eligible Minutes		0
			Eligible Minutes /283 weekly minutes per FTE		0.00
			Total Class Size Overload Compensation Week		\$0.00
Week	A	B	C	D	E
Date	Per.	Min.	No. of Students Over 31	No. of Days This Week	# Eligible Minutes
	1				0
	2				0
	3				0
	4				0
	5				0
	6				0
			Total Eligible Minutes		0
			Eligible Minutes /283 weekly minutes per FTE		0.00
			Total Class Size Overload Compensation Week		\$0.00
Week	A	B	C	D	E
Date	Per.	Min.	No. of Students Over 31	No. of Days This Week	# Eligible Minutes
	1				0
	2				0
	3				0
	4				0
	5				0
	6				0
			Total Eligible Minutes		0
			Eligible Minutes /283 weekly minutes per FTE		0.00
			Total Class Size Overload Compensation Week		\$0.00
Week	A	B	C	D	E
Date	Per.	Min.	No. of Students Over 31	No. of Days This Week	# Eligible Minutes
	1				0
	2				0
	3				0
	4				0
	5				0
	6				0
			Total Eligible Minutes		0
			Eligible Minutes /283 weekly minutes per FTE		0.00
			Total Class Size Overload Compensation Week		\$0.00
			TOTAL CLASS SIZE COMPENSATION		\$0.00

Account Code: CRMS 01-00-27-260-12-20
 (check appropriate box) TMS 01-00-27-260-14-20

Teacher Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

TAHOMA JUNIOR HIGH SCHOOL 8TH GRADE CLASS SIZE OVERLOAD CLAIM FORM

Teacher Name: _____

SSN _____

Week				
Date	Per.	No. of Students Over 32	No. of Days This Week	Overload Compensation
	1			\$0.00
	2			\$0.00
	3			\$0.00
	4			\$0.00
	5			\$0.00
	6			\$0.00
		Total Class Size Overload Compensation/Week		\$0.00
Week				
Date	Per.	No. of Students Over 32	No. of Days This Week	# Eligible Minutes
	1			\$0.00
	2			\$0.00
	3			\$0.00
	4			\$0.00
	5			\$0.00
	6			\$0.00
		Total Class Size Overload Compensation/Week		\$0.00
Week				
Date	Per.	No. of Students Over 32	No. of Days This Week	# Eligible Minutes
	1			\$0.00
	2			\$0.00
	3			\$0.00
	4			\$0.00
	5			\$0.00
	6			\$0.00
		Total Class Size Overload Compensation/Week		\$0.00
Week				
Date	A	C		E
Date	Per.	No. of Students Over 32	No. of Days This Week	# Eligible Minutes
	1			\$0.00
	2			\$0.00
	3			\$0.00
	4			\$0.00
	5			\$0.00
	6			\$0.00
		Total Class Size Overload Compensation/Week		\$0.00
		TOTAL CLASS SIZE COMPENSATION/MONTH		\$0.00

Account Code: TJHS

01-00-27-260-11-20

Teacher Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

TAHOMA JUNIOR HIGH SCHOOL 9TH GRADE CLASS SIZE OVERLOAD CLAIM FORM

Teacher Name: _____

SSN _____

Week				
Date	Per.	No. of Students Over 33	No. of Days This Week	Overload Compensation
	1			\$0.00
	2			\$0.00
	3			\$0.00
	4			\$0.00
	5			\$0.00
	6			\$0.00
		Total Class Size Overload Compensation/Week		\$0.00
Week				
Date	Per.	No. of Students Over 33	No. of Days This Week	# Eligible Minutes
	1			\$0.00
	2			\$0.00
	3			\$0.00
	4			\$0.00
	5			\$0.00
	6			\$0.00
		Total Class Size Overload Compensation/Week		\$0.00
Week				
Date	Per.	No. of Students Over 33	No. of Days This Week	# Eligible Minutes
	1			\$0.00
	2			\$0.00
	3			\$0.00
	4			\$0.00
	5			\$0.00
	6			\$0.00
		Total Class Size Overload Compensation/Week		\$0.00
Week				
Date	A	C		E
Date	Per.	No. of Students Over 33	No. of Days This Week	# Eligible Minutes
	1			\$0.00
	2			\$0.00
	3			\$0.00
	4			\$0.00
	5			\$0.00
	6			\$0.00
		Total Class Size Overload Compensation/Week		\$0.00
		TOTAL CLASS SIZE COMPENSATION/MONTH		\$0.00

Account Code: TJHS 01-00-27-260-11-20

Teacher Signature: _____ Date: _____

Administrator Signature: _____ Date: _____