COVENTRY PUBLIC SCHOOLS

Elementary Classroom (Non-Itinerant) Overage Form

Print Name: _____ Position (and grade):_____ School:_____

Overages claimed cover the following dates: From: _____ to _____

RECORD OF ACTUAL OVERAGES

(Use separate line each time a change in the maximum number of contracted students or a change in the number of students over occurs)

Date From:	Date To:	Max # of Contracted Students:	# of IEP Students	a) # of Students Over:	b)	# of Days Claimed Overage Applied		Total # of Days Claimed for this Time Period (Multiply a times b)
_____	_____	_____	_____	_____	x	_____	=	_____
_____	_____	_____	_____	_____	x	_____	=	_____
_____	_____	_____	_____	_____	x	_____	=	_____
_____	_____	_____	_____	_____	x	_____	=	_____
_____	_____	_____	_____	_____	x	_____	=	_____
_____	_____	_____	_____	_____	x	_____	=	_____

_____ _____ _____

Teacher Signature Date Total Days Claimed

__ __ __ - __ __ __ __ __ - __ __ __ __ - __ __ _____ _____

Line Code (Use if other than current position line) Building Principal (Approval) Date

Send to the Human Resources Office upon Completion

FOR HUMAN RESOURCE OFFICE ONLY

Annual Salary: _____

(Step, Level, Longevity, Advanced Increments, National Board, RHODE, EXCLUDE Curriculum Coordinator Stipends, Teacher Facilitator, Team Leader)

Total School Days-Contractual: _____

Daily Student Rate: _____

(Divide Annual Salary by Total School Days-Contractual)

Total Contractual Students Applicable to this Position: _____

Rate per Student per Day: _____

(Divide Daily Student Rate by Total Contractual Students Applicable)

Total Number of Days CLAIMED: _____

(From Teacher's Record of Actual Overages – Above)

Total Payment for Classroom Overage Due: $_____

(Multiply Rate per Student per Day times Total Days Claimed)

_____ _____ _____ _____

Human Resources Date Superintendent/Asst. Super. Date

Forward to Payroll for Payment

"Working Together to Improve Our Schools"