

**COVENTRY PUBLIC SCHOOLS**  
**Elementary Itinerant Overage Form**

Print Name: \_\_\_\_\_ Position : \_\_\_\_\_ School: \_\_\_\_\_

Overages claimed cover the following dates: From: \_\_\_\_\_ to \_\_\_\_\_

RECORD OF ACTUAL OVERAGES										
(Use separate line for each classroom and each time a change in the maximum number of contracted students or a change in the number of students over or a change in the length of the period occurs)										
Teacher and Grade:	Date From:	Date To:	Max # of Contracted Students:	# of IEP Students	a) Length of Class Period (in minutes)	x	b) # of Students Over:	x	c) # of Days Claimed Overage Applied**	Total # of Minutes Claimed for this Time Period (Multiply a, b and c)
_____	_____	_____	_____	_____	_____	x	_____	x	_____	= _____
_____	_____	_____	_____	_____	_____	x	_____	x	_____	= _____
_____	_____	_____	_____	_____	_____	x	_____	x	_____	= _____
_____	_____	_____	_____	_____	_____	x	_____	x	_____	= _____
_____	_____	_____	_____	_____	_____	x	_____	x	_____	= _____
_____	_____	_____	_____	_____	_____	x	_____	x	_____	= _____

  

_____	_____	_____
Teacher Signature	Date	Total Minutes Claimed

  

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

\*\* # of Days Claimed Overage Applies is determined by the number of days the teacher taught the particular class.

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)	Calculation I:
Total Contractual Students Applicable to this Position: _____	Total Minutes Claimed: _____ (a) (From Teacher's Record of Actual Overages – Above)
Rate per Student per Day: _____ (Divide Daily Student Rate by Total Contractual Students Applicable)	Total Contractual Minutes per Day: <u>335</u> (b)
Total Number of Days CLAIMED: _____ (From Calculation I)	Total Days Claimed: _____ (Divide (a) by (b) from above)
Total Payment for Classroom Overage Due: \$ _____ (Multiply Rate per Student per Day times Total Days Claimed)	
_____	_____
Human Resources	Superintendent/Asst. Super.
Date	Date

Forward to Payroll for Payment

“Working Together to Improve Our Schools”