

REQUEST FOR EXCESSIVE ENROLLMENT STIPEND

In accordance with Article III, Section E of the collective bargaining agreement, teachers will receive stipends for “excessive enrollment” when the following conditions exist:

Grades K-5: When the classroom enrollment is 30 or more students for at least nine-weeks during a semester, the teacher will be granted an additional \$200 for each semester, payable, upon request, the pay period following the end of the semester.

Grade 6: \$200 will be paid as above, except that the enrollment figure must be 32 or more students.

Grades 7-12: When all classes for an individual teacher exceed 170 students for at least nine weeks during a semester, the teacher shall be paid \$200 as above.

Grades K-6 Combination Grade: When the classroom enrollment is 21 or more students for at least nine-weeks during a semester, the teacher will be granted an additional \$200 for each semester, payable, upon request, the pay period following the end of the semester.

Educational Service Personnel: Any teacher who teaches art, music, and/or physical education, and who is responsible for evaluating more than four hundred (400) students for a least nine weeks during a semester, shall be paid \$200 in the pay period following the end of the semester.

Special Education Personnel K-8: When the student enrollment is 17 or more for at least nine-weeks during a semester, the teacher will be granted an additional \$200 for each semester, payable, upon request, the pay period following the end of the semester.

Special Education Personnel 9-12: When the student enrollment is 25 or more for at least nine-weeks during a semester, the teacher will be granted an additional \$200 for each semester, payable, upon request, the pay period following the end of the semester.

Within two weeks of the conclusion of each semester, the teacher will request, in writing, the excessive enrollment stipend. **Stipends will only be distributed at the end of a semester with a maximum of \$400 per year.**

TEACHER _____

of Students _____

QUARTER(S) AND YEAR OF QUALIFYING:

Quarter _____ Year _____

Principal Approval _____ Date _____

Superintendent Approval _____ Date _____

TO BE COMPLETED BY THE TREASURER’S OFFICE

ACCOUNT _____ AMOUNT _____

DATE PAID _____ CHECK NO. _____