

**Jr/Sr High School Classroom Teachers**  
**Monthly Class Size Payroll Change Form**

Instructions: Staff, please complete and have your building administrator authorize your payroll change for **EACH** month you have student attendance in a **class period** which exceeds the maximum limit per the MEA Collective Bargaining Agreement. A form must be completed for **each class period** that exceeds the class size limit for proper compensation. **This form must be completed and returned to the payroll office by the close of business on the 5<sup>th</sup> of each month for the prior month's overage.**

Certificated Staff Member:	Overage Month:
Assignment:	
Period:	1                      2                      3                      4                      5                      6
<i>please circle the class period which exceeds the class size limit</i>	
Student Enrollment Number:	Limit:                      Students Over:

**An Employee stipend of \$25.00 for each student over the class size limit per period, per month will be processed upon meeting the criteria as per the MEA Collective Bargaining Agreement.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date