

White Cloud Public Schools

Class Size Reimbursement Form

TEACHER'S NAME: (PRINTED) _____

Contract Language:

Per the Master Agreement between White Cloud Education Association and White Cloud Board of Education, Article V Section A 3a & 3b requires that "No class shall exceed the number of students that can be accommodated by the facility. (a) If the number of students exceeds thirty-one (31) in any class, the affected teacher will be paid an additional stipend for each student in excess of thirty-one of \$7.50 per day. (b) The above stipend shall be prorated on the basis of an instructional hour as set forth in Article IV." (K-4th Grade excess over 30 per Schedule C.)

Directions: Complete the chart below. (Administrator and employee's signature required). Submit to payroll.

Dates		GRADE LEVEL	# OF STUDENTS OVER LIMIT	STUDENT *FTE	# OF DAYS OVER LIMIT	RATE PER FTE \$7.50	TOTAL PAYMENT
Begin Date	End Date						
TOTAL DUE							

**FTE is the number of minutes the student is in your room divided by the number of scheduled daily F.T.E. clock hours for each building per day. (HS/JH class 394, UE 385 minutes per day)
Example: # of classroom minutes /total minutes per day by building = fte*

I have completed the form to the best of my knowledge and attached all required documentation.

Employee's Signature

Principal's Signature: