Class Size Reimbursement Form

Teacher's Name: _____

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, sign, submit to supervisor for signature, submit to payroll.

Begin Date	End Date	Grade Level	# of student over limit	Student x FTE	# of days over the limit	Rate per FTE $7.50	Total Payment
					Total Due:		

FTE is the number of minutes the student is in your room divided by the number of scheduled daily FTE clock hours for each building per day.
Example: number of classroom minutes / total minutes per day by building = FTE

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

Employee Signature: _____ Date: _____ Principal Signature: _____ Date: _____