San Juan Island School District

SPECIAL EDUCATION CASELOAD OVERLOAD COMPENSATION REQUEST FORM

Instructions: Please provide all the information required below and have the complete form reviewed and signed by the Special Services Director. Return a signed copy to Payroll at the District Office and retain a copy for your records. Complete one form for **each** month that overload occurs. Overload pay will be issued with payroll in the month *following* the month in which the overload was earned and will be listed as '*EXTRA HOURS' in the 'PAYS' detail of your paycheck. Please remember to enter your release time in Red Rover. Thank you!

Refer to section 8.4.1 Special Education Caseloads of the SJEA: SJISD CBA.

TEACHER'S NAME: _____ **OVERLOAD MONTH:** ____ **DATE SUBMITTED:** _____

1. Please select your SPED FTE caseload/grade band:

K-5: Max Caseload = 22

Your SPED FTE x		= Your Caseload*
☐	.1	2
☐	.2	4
☐	.3	7
☐	.4	9
☐	.5	11
☐	.6	13
☐	.7	15
☐	.8	18
☐	.9	20
☐	1.0	22

6-12: Max Caseload = 25

Your SPED FTE x		= Your Caseload *
☐	.1	3
☐	.2	5
☐	.3	8
☐	.4	10
☐	.5	13
☐	.6	16
☐	.7	18
☐	.8	21
☐	.9	23
☐	1.0	26

*Notes: 1) Your FTE x Max caseload = your caseload. 2) Rounding per OSPI guidelines: Round up to the next whole number @ .45 or greater.

Questions? Contact HR at (360) 370-7904.

☐ Other FTE: If you have a fractional FTE, enter it here and use it as your multiplier ➔ ___

2. Calculate Pay

a) Enter # of students over your caseload as of the first workday of the month ➔ ___
b) Enter # workdays in this overload month ➔ ___
c) Multiply # of student overload x # of workdays x $7.50 = total overload pay for the month ➔ $ ___

Additional comments (attach separate page if necessary)

_____
_____
_____

_____
Teacher's Signature

Date: _____

_____
Special Services Director's Signature

Date: _____