

**Eastmont School District #206**

**Overload Time Sheet**

***CERTIFICATED***

Month: \_\_\_\_\_

Year: \_\_\_\_\_

Employee's Name (Please Print) \_\_\_\_\_

Position \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Account # \_\_\_\_\_

Date:	Class or Period	Class Size or Daily Load	Students Over Max	Elementary \$ Per Student	Secondary \$ Per Day	Type (indicate which): SpecEd, Bilingual, BEA	Notes	Total
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
<b>Total:</b>								