Shape, circle

Description automatically generated

**2021-2022 Caseload Overage Reporting Form**

**Employee Information**

|  |  |
| --- | --- |
| Name (Last, First): | Employee ID Number: |
| Location Name and Number: | Position Title: |

**Combo Code:**

|  |
| --- |
|  |

**Timekeepers:** Report as CRH C-Classroom Hourly. Enter timesheet comments “2021-2022 Caseload Overage Grievance.”

**Caseload Overage Reporting**

Mark (🗵) each work week over caseload. Include number of students over caseload.

*Note: M/M Ed. Specialist Caseload = 20 students. M/S Ed. Specialist Caseload = 12 Students*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Week ending on:** | 🗵 | **# Student(s) Over** |  | **Week ending on:** | 🗵 | **# Student(s) Over** |  | **Week ending on:** | 🗵 | **# Student(s) Over** |
| 10/1/2021 only | □ |  |  | 1/7/2022 | □ |  |  | 3/25/2022 | □ |  |
| 10/8/2021 | □ |  |  | 1/14/2022 | □ |  |  | 4/8/2022 | □ |  |
| 10/15/2021 | □ |  |  | 1/21/2022 | □ |  |  | 4/15/2022 | □ |  |
| 10/22/2021 | □ |  |  | 1/28/2022 | □ |  |  | 4/22/2022 | □ |  |
| 10/29/2021 | □ |  |  | 2/4/2022 | □ |  |  | 4/29/2022 | □ |  |
| 11/5/2021 | □ |  |  | 2/11/2022 | □ |  |  | 5/6/2022 | □ |  |
| 11/12/2021 | □ |  |  | 2/18/2022 | □ |  |  | 5/13/2022 | □ |  |
| 11/19/2021 | □ |  |  | 2/25/2022 | □ |  |  | 5/20/2022 | □ |  |
| 12/3/2021 | □ |  |  | 3/4/2022 | □ |  |  | 5/27/2022 | □ |  |
| 12/10/2021 | □ |  |  | 3/11/2022 | □ |  |  | 6/3/2022 | □ |  |
| 12/17/2021 | □ |  |  | 3/18/2022 | □ |  |  | 6/10/2022 | □ |  |
|  |  |  |  |  |  |  |  | 6/17/2022 | □ |  |

**Signatures**

|  |  |
| --- | --- |
| **Employee Signature**  *By signing, I certify that the information I provided is accurate and true.* | Date |
| **Approval Signature**  *I certify this to be and accurate statement of services rendered by this employee.* | Date |
| **Timekeeper Signature** | Date |