Temple City Unified School District
Committed to 21st Century Academic Excellence

Class Size Mitigation – Semester Total Sheet

ELEMENTARY / INTERMEDIATE

Teacher Name: _____

Semester (check one): ____1st semester ____2nd semester

School Site: _____

Contracted Class Load Number: _____
(see current TCEA contract for correct grade level/student load)

Monthly Totals:

1st semester	**2nd semester**
September: _____	February: _____
October: _____	March: _____
November: _____	April: _____
December: _____	May: _____
January: _____	June: _____

Total for the semester: _____

Total # x $10.00 = _____

Payroll Use:
Position # 000565
Account 01.0-00000.0-11100-10000-1171-0000013
Earnings code: TX M CAS units:_____

Administrator's Signature: _____ Date: _____

Teacher's Signature: _____ Date: _____

Personnel Signature: _____ Date: _____