**Temple City Unified School District**

**Committed to 21st Century Academic Excellence**

**Class Size Mitigation – Semester Total Sheet**

 **SECONDARY / HIGH SCHOOL**

Teacher Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester (check one) : 1st semester 2nd semester

School Site:

Contracted Class Load Number is:

(See current TCEA contract for correct grade level/student load.) Monthly Totals:

**1st semester**: **2nd semester**:

Sept: \_\_\_\_\_\_\_\_ Feb:\_\_\_\_\_\_\_\_

Oct: \_\_\_\_\_\_\_\_ Mar: \_\_\_\_\_\_\_\_

Nov.: \_\_\_\_\_\_\_\_ April: \_\_\_\_\_\_\_\_

Dec.: \_\_\_\_\_\_\_\_ May: \_\_\_\_\_\_\_\_

Jan.: \_\_\_\_\_\_\_\_ Jun.: \_\_\_\_\_\_\_\_

Payroll Use:

Position # 000565

Account 01.0-00000.0-11100-10000-1171-0000013

Earnings code: TX M CAS units:\_\_\_\_\_\_\_\_\_\_

Total for the semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # X $5.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator’s Signature:

Date:

Teacher’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personnel’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9700 Las Tunas Drive, Temple City, CA 91780 ~ 626-548-5000**