

Lynwood Unified School District

Class Size Limit compensation sheet

Employee Name: _____

Employee EID# or SSN: _____

Site/Department: _____

Location Code: _____

Certificated

Classified

Board Certification Attached

*Board certification must be attached for payment to be processed

Program Description: Article 14.4 Class size compensation

Month: _____

Fiscal Year: 2020/2021

Week 1	MON	TUES	WED	THUR	FRI	Total students
Date						
Number of students over max						0.00
Week 2	MON	TUES	WED	THUR	FRI	Total students
Date						
Number of students over max						0.00
Week 3	MON	TUES	WED	THUR	FRI	Total students
Date						
Number of students over max						0.00
Week 4	MON	TUES	WED	THUR	FRI	Total students
Date						
Number of students over max						0.00
Week 5	MON	TUES	WED	THUR	FRI	Total students
Date						
Number of students over max						0.00

Employee Signature: _____

Date: _____

Administrator Name: _____

Administrator Signature: _____

Date: _____

PAYROLL USE ONLY

Date Entered: _____ Total students over class size max: **0.00**

Pay Cycle Processed: _____ Check Issue: _____

Payroll Technician: _____