Richmond Community Schools
Student Count Overage

Pay Date:_____

EMP#:_____ Name:_____

Building & Position:_____

Maximum Class Size Count:_____

Day	Date	Class Hour	Class Size	Number of students over Count

Total Number of Days _____

Total Number of Students Over Count _____

Rate per Student per Day $4.00

Total Amount to be Paid _____

Signature:_____ Date:_____

Approved By:_____ Date:_____ ASN#_____

The signature of the supervisor confirms that the employee has submitted student count overage that is accurate and correct.

Superintendent or designee:_____ Date:_____

The Superintendent's signature represents a review of the Employee student count overage.