Guidelines for Completion of Request for Payment Forms

Teachers shall complete the forms and submit to their principal(s) prior to the end of each semester.

Classroom Teachers – Primary Grades

Complete demographic information, including school year, semester, name (print), grade level taught, and building assignment.

- Line A – The total number of students assigned to your homeroom. This number must match a roster printed from the student information system (Skyward). Submit the roster with your completed form.

- Line B – Enter the maximum class size per the contract (K – 23, Grades 1 and 2 – 25).

- Line C – Subtract Line B from Line A to determine number of students exceeding maximum.

- Line D – (Prefilled) This is the contractual amount of payment for each child over the maximum for each grade level.

- Line E – Total payment due to the employee – multiply Line C by Line D ($250.00).

Sign and date the form. Submit to the building principal for approval.

The building principal shall submit the form to the Curriculum Office for review.

Classroom Teachers – Intermediate Grades

Complete all demographic information, including school year, semester, grade level and building. Forms shall be completed as a grade level team or platoon. Each member of the team must print and sign name on the form. Submit only one form per team/platoon. Classroom rosters, verified by the Skyward electronic gradebook, shall be used to determine student counts. For the purpose of class size payment, special education students assigned to a teacher's homeroom, will be computed at 1.0.

- Line A – List the number of students assigned to the homeroom for Teacher #1 of the team.

- Line B – List the number of students assigned to the homeroom for Teacher #2 of the team.

- Line C – List the number of students assigned to the homeroom for Teacher #3 of the team (if applicable).

- Line D – Add Lines A, B and C to determine the total number of students assigned to the team.

- Line E – Divide the total number of students (Line D) by the number of teachers on the team to determine the average number of students per teacher. Payment will be prorated based upon the actual percentage (rounded to the nearest hundredth place).

- Line F – Enter the maximum class size per the contract (Grade 3 – 25, Grades 4 and 5 – 28).

- Line G – Subtract Line F from Line E to determine average number of students exceeding the maximum.

- Line H – (Prefilled) This is the contractual amount of payment for each child over the maximum for each grade level.

- Line I – Payment due to each member of the team – Multiply Line G by Line H ($250.00)

Sign and date the form. Submit to the building principal for approval.

The building principal shall submit the form to the Curriculum Office for review.

Elementary Special Area Classes (Encore Teachers)

Complete demographic information, including school year, semester, name (print), grade level taught, and building assignments. If teaching the same grade level in more than one building, the same form shall be used but must be approved by both principals. One form must be submitted for each grade level grouping (maximum of three forms per semester).

For Encore teachers in Grades K-5, payment will be computed per semester by combining the first three 6 week periods and then the final three 6 week periods. Total and average numbers of students taught per week shall be computed by using the three categorical groupings of Kindergarten, Primary (grades 1, 2 and 3) and Intermediate (grades 4 and 5). Classroom rosters, verified by the Skyward electronic gradebook, shall be used to determine student counts. Special education students assigned to special area (Encore) teacher rosters shall count as 1.0.

- Line A – List the total number of students assigned to you at the grade level (Kdg, Primary or Inter.) per week throughout the full semester (Sessions 1, 2 and 3, or Sessions 4, 5, and 6).

- Line B – List the number of classes at that level throughout the full semester.

- Line C – Divide Line A by Line B to determine average number of students across all classes at that level.

- Line D – Enter the maximum class size per category (K – 23, Primary – 25, Intermediate – 28).

- Line E – Subtract Line D from Line C to determine average number of students exceeding maximum class size.

- Line F – If line E contains a decimal, apply standard rounding procedures (0.01 – 0.49, round down, 0.50 – 0.99, round up).

- Line G – (Prefilled) This is the contractual amount of payment for each child over the maximum for each grade level category.

- Line H – Total payment due to the employee for this category, multiply Line G by Line H.

Sign and date the form. Submit to the building principal for approval. If teaching the same grade level category in more than one building, approval will be needed from both principals. It will be the responsibility of the employee to obtain approvals.

The building principal shall submit the form to the Curriculum Office for review.

Example (30 class periods per week):

Period	Session 1	#	Session 2	#	Session 3	#	Session 4	#	Session 5	#	Session 6	#
	PES		PES		PES		MES/WES		PES		PES	
1	Grade 2	25	Grade 2	25	Grade 2	26	Grade 1	26	Grade 2	26	Grade 2	27
2	Plan		Plan		Plan		Grade K	25	Plan		Plan	
3	Grade 3	28	Grade 3	27	Grade 3	27	Plan		Grade 3	26	Grade 3	25
4	Grade 4	28	Grade 4	29	Grade 4	29	Lunch		Grade 4	29	Life Sk.	N/A
5	Lunch		Lunch		Lunch		Grade 2	28	Lunch		Lunch	
6	Grade 5	28	Grade 5	27	Grade 5	29	Grade 3	26	Grade 5	28	Grade 5	28
7	Grade K	23	Grade K	22	Grade K	23	Grade 4	28	Grade K	23	Grade K	24
8	Grade 1	21	Grade 1	25	Grade 1	26	Grade 5	26	Grade 1	25	Grade 1	26

First Semester (Sessions 1, 2, and 3):

Grade K: 23 + 22 + 23 = 67 / 3 = 22.33 (Round down – No Payment)

Primary: 25 + 25 + 26 + 28 + 27 + 27 + 21 + 25 + 26 = 230 / 9 = 25.55 (Round Up – Payment of $60.00)

Intermediate: 28 + 29 + 29 + 28 + 27 + 29 = 170 / 6 = 28.33 (Round down – No Payment)

Second Semester (Sessions 4, 5, and 6):

Grade K: 25 + 23 + 24 = 72 / 3 = 24 (No Rounding – Payment of $60.00)

Primary: 26 + 26 + 27 + 26 + 25 + 28 + 26 + 25 + 26 = 235 / 9 = 26.11 (Round down – Payment of $60.00)

Intermediate: 29 + 28 + 28 + 28 + 26 = 139 / 5 = 27.80 (Under the max – No payment)

In this example, the teacher would be paid a total of $60.00 for the first semester and $120.00 for the second semester.

Special education classes, such as Life Skills, shall not count toward the computation of payment.

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REQUEST FOR PAYMENT – ELEMENTARY CLASS SIZE PROVISION

<u>Classroom Teachers - Primary Grades (K, 1 and 2)</u>

SCHOOL YEAR_____

1ST SEMESTER_____   2ND SEMESTER_____
(Check one of the above)

Teacher's Name (Print)_____

Grade_____   Building_____

Total Number of Students (must attach roster from Skyward*)   A. _____

Maximum Class Size   B. _____
- Kindergarten – 23 Students
- First Grade – 25 Students
- Second Grade – 25 Students

Students Exceeding Maximum Class Size Number (Line A – Line B)   C. _____

Payment per Child Exceeding Maximum Number   D. $ 250.00

Total Payment Due (multiply Line C and Line D)   E. $_____

_____	_____
Teacher's Signature	Date
_____	_____
Principal's Signature	Date
_____	_____
Superintendent/Designee's Signature	Date
_____	_____
Business Manager's Signature	Date

*A COMPUTER-GENERATED CLASS ROSTER MUST BE SUBMITTED WITH THIS FORM – including teacher name, students' names, # of students, and date.

Baldwin-Whitehall School District

Administration Office: 4900 Curry Road * Pittsburgh, Pennsylvania 15236
Telephone: 412-884-6300 * Fax: 412-885-7802

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REQUEST FOR PAYMENT – ELEMENTARY CLASS SIZE PROVISION

<u>Classroom Teachers - Primary Grades (K, 1 and 2)</u>

SCHOOL YEAR_____

1ST SEMESTER_____   2ND SEMESTER_____
(Check one of the above)

Teacher's Name (Print)_____

Grade_____K_____   Building_____MES_____

Total Number of Students (must attach roster from Skyward*)   A. 25_____

Maximum Class Size   B. 23_____
- Kindergarten – 23 Students
- First Grade – 25 Students
- Second Grade – 25 Students

Students Exceeding Maximum Class Size Number (Line A – Line B)   C. 2_____

Payment per Child Exceeding Maximum Number   D. $ 250.00

Total Payment Due (multiply Line C and Line D)   E. $ 500.00

_____	_____
Teacher's Signature	Date
_____	_____
Principal's Signature	Date
_____	_____
Superintendent/Designee's Signature	Date
_____	_____
Business Manager's Signature	Date

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REQUEST FOR PAYMENT – ELEMENTARY CLASS SIZE PROVISION

Classroom Teachers - Intermediate Grades (3, 4 and 5)

SCHOOL YEAR_____
1ST SEMESTER_____   2ND SEMESTER_____
(Check one of the above)

Teachers' Names (Include all teachers on team)

1. (Print)_____   (Sign)_____   Date:_____

2. (Print)_____   (Sign)_____   Date:_____

3. (Print)_____   (Sign)_____   Date:_____

Grade_____   **Building**_____

Students Assigned to Teacher #1(must attach roster from Skyward*)   A. _____

Students Assigned to Teacher #2(must attach roster from Skyward*)   B. _____

Students Assigned to Teacher #3(must attach roster from Skyward*)   C. _____

Total Number of Students Assigned to Team (add Lines A, B, and C)   D. _____

Average Number of Students per Teacher (Line D/number of teachers)   E. _____

Maximum Class Size   F. _____
- Third Grade – 25 Students
- Fourth and Fifth Grades – 28 Students

Students Exceeding Maximum Class Size (Line E - Line F)   G. _____

Payment per Child Exceeding Maximum Number   H. $ 250.00

Payment due to Each Teacher on Team (multiply Line G and H)   I. $_____

Approval:

Principal's Signature   _____   Date:_____

Superintendent/Designee Signature   _____   Date:_____

Business Manager's Signature   _____   Date:_____

==*A COMPUTER-GENERATED CLASS ROSTER MUST BE SUBMITTED WITH THIS FORM –
including teacher name, students' names, # of students, and date.==

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REQUEST FOR PAYMENT – ELEMENTARY CLASS SIZE PROVISION

Classroom Teachers - Intermediate Grades (3, 4 and 5)

SCHOOL YEAR_____2016-2017_____
1ST SEMESTER_____X_____   2ND SEMESTER_____
(Check one of the above)

Teachers' Names (Include all teachers on team)

1. (Print)_____   (Sign)_____   Date:_____

2. (Print)_____   (Sign)_____   Date:_____

3. (Print)_____   (Sign)_____   Date:_____

Grade_____Three_____   **Building**_____Paynter_____

Students Assigned to Teacher #1(must attach roster from Skyward*)	A. 26_____
Students Assigned to Teacher #2(must attach roster from Skyward*)	B. 26_____
Students Assigned to Teacher #3(must attach roster from Skyward*)	C. 25_____
Total Number of Students Assigned to Team (add Lines A, B, and C)	D. 77_____
Average Number of Students per Teacher (Line D/number of teachers)	E. 25.67____

Maximum Class Size   F. 25_____
- Third Grade – 25 Students
- Fourth and Fifth Grades – 28 Students

Students Exceeding Maximum Class Size (Line E - Line F)	G. .67_____
Payment per Child Exceeding Maximum Number	H. $ 250.00___
Payment due to Each Teacher on Team (multiply Line G and H)	I. $ 167.50___

Approval:

Principal's Signature   _____   Date:_____

Superintendent/Designee Signature   _____   Date:_____

Business Manager's Signature   _____   Date:_____

==*A COMPUTER-GENERATED CLASS ROSTER MUST BE SUBMITTED WITH THIS FORM –
including teacher name, students' names, # of students, and date.==

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REQUEST FOR PAYMENT – ELEMENTARY CLASS SIZE PROVISION

Special Area Teachers - Grades K- 5

SCHOOL YEAR_____
1ST SEMESTER_____   2ND SEMESTER_____
(Check one of the above)

Teacher's Name:

(Print)_____   (Sign)_____   (Date)_____

Grade Level (Select One)   Kdg.   Primary (Gr. 1, 2 & 3)   Intermediate (Gr. 4 & 5)

Building(s) _____

Total Number of Students Assigned at that Level (per semester)   A. _____
    (must attach rosters from Skyward*)

Number of Classes Taught at that Level (per semester)   B. _____

Average Number of Students (Line A/Line B)   C. _____

Maximum Class Size   D. _____
- Kindergarten – 23 Students
- Grades 1, 2 and 3 – 25 Students
- Grades 4 and 5 – 28 Students

Students Exceeding Maximum Class Size Number (Line C – Line D)   E. _____

Rounding Procedure (Applicable if Line E contains decimals)   F. _____
- 0.01 to 0.49 – round down to "0"
- 0.50 to 0.99 – round up to "1"

Payment per Child Exceeding Maximum Number   G. $ 60.00____

Total Payment Due (Line F x Line G)   H. $_____

Approval:

Principal's Signature   _____   Date_____

    _____   Date_____

Superintendent/Designee Signature   _____   Date_____

Business Manager's Signature   _____   Date_____

*A COMPUTER-GENERATED CLASS ROSTER MUST BE SUBMITTED WITH THIS FORM – including teacher name, students' names, # of students, and date.

REQUEST FOR PAYMENT – ELEMENTARY CLASS SIZE PROVISION

<u>Special Area Teachers - Grades K- 5</u>

SCHOOL YEAR_____
1ST SEMESTER_____   2ND SEMESTER_____
(Check one of the above)

Teacher's Name:

(Print)_____   (Sign)_____   (Date)_____

Grade Level (Select One)   Kdg.   Primary (Gr. 1, 2 & 3)   <u>**Intermediate (Gr. 4 & 5)**</u>

Building(s) _____

Total Number of Students Assigned at that Level (per semester) (must attach rosters from Skyward*)	A. <u>175</u>
Number of Classes Taught at that Level (per semester)	B. <u>6</u>
Average Number of Students (Line A/Line B)	C. <u>29.17</u>
Maximum Class Size • Kindergarten – 23 Students • Grades 1, 2 and 3 – 25 Students • Grades 4 and 5 – 28 Students	D. <u>28</u>
Students Exceeding Maximum Class Size Number (Line C – Line D)	E. <u>1.17</u>
Rounding Procedure (Applicable if Line E contains decimals) • 0.01 to 0.49 – round down to "0" • 0.50 to 0.99 – round up to "1"	F. <u>1.0</u>
Payment per Child Exceeding Maximum Number	G. <u>$ 60.00</u>
Total Payment Due (Line F x Line G)	H. <u>$ 60.00</u>

Approval:

Principal's Signature   _____ Date_____

                              _____ Date_____

Superintendent/Designee Signature _____ Date_____

Business Manager's Signature   _____ Date_____

<mark>*A COMPUTER-GENERATED CLASS ROSTER MUST BE SUBMITTED WITH THIS FORM – including teacher name, students' names, # of students, and date.</mark>