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| **Teacher’s Name** | **File #** | **Grade Level**  **Or Subject** | **Number**  **of Students** | **Number of Points**  **(3-4 over=1pt, 5-6 over=2pts. 7 or more = 3pts.)**  **for Sept. 2016-Jan. 2017**  **1st Semester** |
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CLASS SIZE COMPENSATION FORM

2016-2017 School Year

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Network Leader\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Union Representative’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST SEMESTER CLASS SIZE COMPENSATION FORM IS DUE TO THE NETWORK LEADER BY MONDAY, JANUARY 30, 2017