CLASS CAP FORM
ELEMENTARY
CRANSTON PUBLIC SCHOOLS

Employee Number: _____ **Amount:**_____

Pay Type: 745 **Org/Obj: 1____12050-51336**

NAME/TEACHER: _____**SCHOOL:**_____

PRINCIPAL'S SIGNATURE_____**QUARTER ENDING (1 2 3 4)**

(CIRCLE APPROPRIATE QUARTER)

DATE	GRADE & LEVEL / SUBJECT	TOTAL ENROLLMENT	ABOVE LIMIT	# OF PERIODS COVERED

20

Reason for over cap (Comment):_____

_____

_____

Any other professional (teacher, teacher assistant) in class besides teacher? Any other teacher claiming over cap payment?

Comment: _____

_____

_____

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