

**CLASS CAP FORM
ELEMENTARY
CRANSTON PUBLIC SCHOOLS**

Employee Number: _____

Amount: _____

Pay Type: 745

Org/Obj: 1____13120-51336

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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