CLASS CAP FORM
HIGH SCHOOL
CRANSTON PUBLIC SCHOOLS

Employee Number: _____ **Amount:** _____

Pay Type: 745 **Org/Obj: 1 ____ 13120-51336**

NAME/TEACHER: _____**SCHOOL:**_____
Please Print

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 etc.) in class besides teacher? Any other teacher claiming over cap payment for a portion of time?
Comment: _____
_____
_____

Equal Opportunity Employer
Cranston Public Schools is committed to maintaining a work and learning environment free from discrimination on the basis of race, color, religion, national origin, pregnancy, gender identity, sexual orientation, marital/civil union status, ancestry, place of birth, age, citizenship status, veteran status, political affiliation, genetic information or disability, as defined and required by state and federal laws. Additionally, we prohibit retaliation against individuals who oppose such discrimination and harassment or who participate in an equal opportunity investigation.

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