CLASS CAP FORM
MIDDLE SCHOOL
CRANSTON PUBLIC SCHOOLS

Employee Number: _____ **Amount:** _____

Pay Type: 745 **Org/Obj: 1_____13120-51336**

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

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