

**BELLINGHAM SCHOOL DISTRICT  
CLASS SIZE/WORKLOAD WORKSHEET  
2009-10 School Year**

EMPLOYEE NAME \_\_\_\_\_ BUILDING \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

POSITION \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ FTE \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_  
(i.e. English, 4<sup>th</sup> grade, pre-school, resource, PE)

PLEASE ✓ ONE AND FILL IN **YOUR CURRENT** CLASS SIZE, CASELOAD, OR WORKLOAD INFORMATION

GENERAL EDUCATION		SPECIAL EDUCATION	STUDENT SERVICES
<input type="checkbox"/> <b>K-5 Teacher</b> Class size number _____  ***** <input type="checkbox"/> <b>K-5 Music &amp; PE Teacher</b> Caseload number _____  ***** <input type="checkbox"/> <b>K-5 ESS</b> Caseload number _____	<input type="checkbox"/> <b>6-12 &amp; PE Teacher</b> (Claiming) Individual class number _____ or Workload number _____  ***** <input type="checkbox"/> <b>6-8 Teams</b> (name) _____ Team Workload number _____ and number of team teachers/ team FTE _____  ***** <input type="checkbox"/> <b>6-12 Counselors</b> Caseload number _____	<input type="checkbox"/> <b>P-12 Teacher</b> Caseload number _____ (ATTACH AN IEP ON-LINE CLASS LIST TO THIS REQUEST)  ***** <input type="checkbox"/> <b>Psychologists, SLP, OT/PT</b> Caseload number _____ (ATTACH AN IEP ON-LINE CLASS LIST TO THIS REQUEST)  *****	<input type="checkbox"/> <b>Nurses</b> Caseload number _____  *****
Number verified by supervisor / secretary / registrar (initials) _____	Number verified by supervisor / secretary / registrar (initials) _____	Number verified by supervisor / secretary / registrar (initials) _____	Number verified by supervisor / secretary / registrar (initials) _____

<i>Office use only:</i>			
Official trigger number _____	Official trigger number _____	Official trigger number _____	Official trigger number _____

Based on the provisions of the BEA collective bargaining agreement, it has been established that the employee named above has a class size, workload, or caseload overload for this semester. The supervisor and employee have met to discuss this problem. The employee selects the option checked below as the best solution to address this particular situation:

- \_\_\_\_\_ A. **Provide additional equipment, supplies, and materials or funds to support individual professional development. Deadline for submitting requisitions/reimbursements is May 15. Professional development may extend through August 15th:**
- Total class size, workload/caseload for general education, special education, and student services: Up to \$450 per semester.
  - One class period overload for middle or high school only: Up to \$300 per semester. Teachers eligible for this option can choose to use "extra hours" of paraeducator/clerical time up to the amount of dollars available.
- \_\_\_\_\_ B. **Provide additional paraeducator time for Total Workload, not an individual class.** The time provided shall be the equivalent of thirty (30) minutes per day (two and one-half [2.5] hours per week) per semester for each student at or above the trigger number to a maximum of three (3) hours.
- \_\_\_\_\_ C. **Provide for off-site work scheduled by the employee, worked during the semester, verified by the employee, and reported on time summary:**
- Total class size, workload/caseload for general education, special education, and student services: Two days (2) paid at \$225 per day.
  - One class period overload for middle or high school only: One (1) day paid at \$225 per day.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Original: Deputy Superintendent  
BEA President

<b>ACTION</b> --- TO BE COMPLETED BY DEPUTY SUPERINTENDENT'S OFFICE		
Date Received _____ Verified By _____ Authorized for Option: A B C <input type="checkbox"/> 1 <sup>ST</sup> SEMESTER (9/8/09 - 1/29/10) <input type="checkbox"/> 2 <sup>ND</sup> SEMESTER (2/2/10-6/17/10)	AMOUNT ENCUMBERED: _____ DEPUTY SUPERINTENDENT _____ DATE _____	Notes: _____ _____ _____