



Human Resources

315 129th Street South, Tacoma, WA 98444
(253) 298-3085 | Fax (253) 298-3016
www.fpschools.org

CLASS LOAD REMEDY – COMPENSATION FORM

Name: _____ Building: _____

Per the Class Load Remedy Selection form, this staff member has chosen to receive compensation of \$15 per day starting the first day of attendance as the remedy for a class size that exceeds the limits stated in their CBA.

The class size exceeded the limit the following days of instruction:

Month: _____

Day	Over?		Day	Over?		Day	Over?		Day	Over?		Day	Over?
1			2			3			4			5	
6			7			8			9			10	
11			12			13			14			15	
16			17			18			19			20	
21			22			23			24			25	
26			27			28			29			30	
31													

Total # of days to be compensated for this month: _____

Staff Signature

Date

Principal Signature

Date

Office Manager/Registrar Signature

Date

Reference: FPEA CBA – Article 24