

Mt. Diablo Unified School District



Pay Period
Ending: _____

Name/Employee ID: _____

Class Type: _____

Site: _____

IEP's - Include dates PLEASE

Student ID Number	Student Initials	Number of Days Over Class Size Or Sessions Over (SLP)	Daily Rate \$85.29 SDC \$56.84 RS \$28.45 SLP/Session	Total Daily	Case Management \$216.09	30-Day \$360.15 ----- IEP DATE	Other \$576.24 ----- IEP DATE	Annual \$792.33 ----- IEP DATE	Tri \$792.33 ----- IEP DATE	IEP Payment	Total Payment

Please pay the following:

To be completed by Special Education Administration.

Budget Code	Amount
01.0000.5760.1110.50630.000. _____ .006.1160 (Case Mgt)	
01.6500.5760.1110.100000.000. _____ .005.1160 (IEP's)	
01.6500.5760.1190.12190.000.500.005.1160 (SLP's)	
Total Payment	

**TIMESHEETS MUST BE SUBMITTED
BY THE 21ST OF THE MONTH TO
GET PAID BY THE 10TH OF THE
FOLLOWING MONTH.**

Please submit your timesheets to Wing D as soon as possible after the end of the pay period.

Employee Signature: _____

Date: _____

Chief Pupil Services Signature: _____

Date: _____

Case Load Maximums - Elementary		Case Load Maximums - Secondary	
AU MAG, FI, CEP	11	BASES, ACSEL, AU Mag, AU Ben, AU Strat, AI Int, CEP, DHH, SEEC, OHI, PH, SH, FI	11
DHH, LH	15	LH, MOD	15
AAC	6	AAC	6
Au Ben, Au Strat, AI, SEEC, OHI, PH, SH	9	Resource	28
Resource	28	Bridge Caseload Maximum	11

Overage Maximum: 1