Attachment C to Info. Memo No. 112
FORM QK.016 - B
Original to State
5/95

VIRGINIA DEPARTMENT OF EDUCATION
GENERAL ADULT EDUCATION

School Division/Code

Date

CLASS REPORT SUMMARY

Page _____ of ____

List each class on a separate line. List only classes which no other State or Federal funds have been requested.

1	2	3	4	5				6	7	8	9	10	11
Type of Class	Class Code	Teacher's Last Name & Initials	Social Security Number	Enrollment				Average Attendance per Class	Credit	Total Hours	Teacher's Hourly Salary	*Fixed Cost per Class Hour	Total Cost
				M	F	T	PERSONS > 60						
		PAGE TOTALS						XXXX	XXXX		XXXX	XXXX	
		GRAND TOTALS (If last page)						XXXX	XXXX		XXXX	XXXX	

*Fixed cost per class = 1.5 X Teacher's hourly salary.