

Name: _____
 Employee ID#: _____
 Job Title: _____
 Location Name/Loc #: _____
 Work Telephone: _____

2018-2019 SCHOOL YEAR CALENDAR

Highlighted = Contract Days (A)
 P = Prep Days

Highlighted = Contract Days (B)
 H = Mandated Holiday

Please indicate your job share schedule by circling A or B

Calendar MUST be submitted prior to salary being paid

Year-Round School Year Job Share
 60/40 Split, 60% Working Wednesdays/Thursdays/Fridays (184 Days Total)

	60% Partner (A)		40% Partner (B)	
	TOTALS	TOTALS	TOTALS	TOTALS
Jul	8	Jul	6	
Aug	6	Aug	2	
Sep	11	Sep	8	
Oct	13	Oct	10	
Nov	11	Nov	5	
Dec	9	Dec	6	
Jan	4	Jan	4	
Feb	10	Feb	8	
Mar	10	Mar	6	
Apr	3	Apr	3	
May	13	May	8	
Jun	12	Jun	8	
Total	110	Total	74	

	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
JULY	2 B	3 B	H/4	5 A	6 A	9 B	10 B	11 A	12 A	13 A	16 B	17 B	18 A	19 A	20 A	23	24	25	26	27	30	31			
AUGUST			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	P/22 A	P/23 A	P/24 A	27 B	28 B	29 A	30 A	31 A
SEPTEMBER	H/3	4 B	5 B	6 A	7 A	10 B	11 B	12 A	13 A	14 A	17 B	18 B	19 A	20 A	21 A	24 B	25 B	26 A	27 A	28 A					
OCTOBER	1 B	2 B	3 A	4 A	5 A	8 B	9 B	10 A	11 A	12 A	15 B	16 B	17 A	18 A	19 A	22 B	23 B	24 A	25 A	26 A	29 B	30 B	31 A		
NOVEMBER				1 A	2 A	5 B	6 B	7 A	8 A	9 A	H/12	13 B	14 A	15 A	16 A	19	20	21	H/22	H/23	26 B	27 B	28 A	29 A	30 A
DECEMBER	3 B	4 B	5 A	6 A	7 A	10 B	11 B	12 A	13 A	14 A	17 B	18 B	19 A	20 A	21 A	H/24	H/25	26	27	28	H/31				
JANUARY		H/1	2	3	4	7	8	9	10	11	14	15	16	17	18	H/21	22 B	23 B	24 A	25 A	28 B	29 B	30 A	31 A	
FEBRUARY					1 A	4 B	5 B	6 A	7 A	8 A	11 B	12 B	13 A	14 A	H/15	H/18	19 B	20 B	21 A	22 A	25 B	26 B	27 A	28 A	
MARCH					1 A	4 B	5 B	6 A	7 A	8 A	11 B	12 B	13 A	14 A	15 A	18 B	19 B	20 A	21 A	22 A	25	26	27	28	29
APRIL	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	P/23 B	24 A	25 A	26 A	29 B	30 B			
MAY			1 A	2 A	3 A	6 B	7 B	8 A	9 A	10 A	13 B	14 B	15 A	16 A	17 A	20 B	21 B	22 A	23 A	24	H/27	28 B	29 B	30 A	31 A
JUNE	3 B	4 B	5 A	6 A	7 A	10 B	11 B	12 A	13 A	14 A	17 B	18 B	19 A	20 A	21 A	24 B	25 B	26 A	27 A	28 A					

 (Employee Signature) (Date)

 (Principal/Department Head Signature) (Date)

Please Print Job Share Partner's Name

PAYROLL USE ONLY

Input Date: _____

Input By: _____

I have discussed this work schedule with the employee and am approving it in order to meet program requirements.