

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

2018-2019 SCHOOL YEAR CALENDAR

Highlighted = Contract Days (A)

Highlighted = Contract Days (B)

P = Prep Days

H = Mandated Holiday

Please indicate your job share schedule by circling A or B

Calendar MUST be submitted prior to salary being paid.

Traditional School Year Job Share
 50/50 Split, Alternating Wednesdays (184 Days Total)

50% Partner (A) 50% Partner (B)

	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	TOTALS	TOTALS		
JULY	2	3	H/4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30	31				Jul	0	Jul	0
AUGUST			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	P/22 A	P/23 B	P/24 B	27	28	29	30	31	Aug	4	Aug	4
SEPTEMBER	H/3	4 A	5 A	6 B	7 B	10 A	11 A	12 B	13 B	14 B	17 A	18 A	19 A	20 B	21 B	24 A	25 A	26 B	27 B	28 B						Sep	9	Sep	10
OCTOBER	1 A	2 A	3 B	4 B	5 B	8 A	9 A	10 B	11 B	12 B	15 A	16 A	17 B	18 B	19 B	22 A	23 A	24 B	25 B	26 B	29	30	31			Oct	11	Oct	12
NOVEMBER				1 B	2 B	5 A	6 A	7 A	8 B	9 B	H/12	13 A	14 A	15 B	16 B	19	20	21	H/22	H/23	26	27	28	29 B	30 B	Nov	8	Nov	8
DECEMBER	3 A	4 A	5 A	6 B	7 B	10 A	11 A	12 B	13 B	14 B	17 A	18 A	19 A	20 B	21 B	H/24	H/25	26	27	28	H/31					Dec	8	Dec	7
JANUARY		H/1	2	3	4	7 A	8 A	9 A	10 B	11 B	14 A	15 A	16 B	17 B	18 B	H/21	22 A	23 A	24 B	25 B	28	29	30	31		Jan	9	Jan	9
FEBRUARY					1 B	4 A	5 A	6 A	7 B	8 B	11 A	12 A	13 B	14 B	H/15	H/18	19 A	20 A	21 B	22 B	25	26	27	28		Feb	9	Feb	9
MARCH					1 B	4 A	5 A	6 A	7 B	8 B	11 A	12 A	13 B	14 B	15 B	18 A	19 A	20 A	21 B	22 B	25	26	27	28	29	Mar	8	Mar	8
APRIL	1 A	2 A	3 B	4 B	5 B	8 A	9 A	10 A	11 B	12 B	15 A	16 A	17 B	18 B	19 B	22 A	23 A	24 B	25 B	26 B	29	30				Apr	11	Apr	11
MAY			1 A	2 B	3 B	6 A	7 A	8 A	9 B	10 B	13 A	14 A	15 B	16 B	17 B	20 A	21 A	22 B	23 B	24	H/27	28 A	29 A	30 B	31 B	May	10	May	11
JUNE	3 A	4 A	5 B	6 B	7 B	10 A	11 A	P/12 A	13	14	17	18	19	20	21	24	25	26	27	28						Jun	5	Jun	3
Total																									92	Total	92		

Thanksgiving Break

Winter Break

Winter Break

Spring Break

Please Print Job Share Partner's Name

 (Employee Signature) (Date)

 (Principal/Department Head Signature) (Date)

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.