

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

60/40 Split, 60% Working Monday/Tuesday/Wednesday (184 Days Total)

60% Partner (A) 40% 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	P/23	P/24	27	28	29	30	31	Aug	5	Aug	3
SEPTEMBER	H/3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28						Sep	11	Sep	8
OCTOBER	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31			Oct	15	Oct	8
NOVEMBER				1	2	5	6	7	8	9	H/12	13	14	15	16	19	20	21	H/22	H/23	26	27	28	29	30	Nov	8	Nov	8
DECEMBER	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	H/24	H/25	26	27	28	H/31					Dec	9	Dec	6
JANUARY		H/1	2	3	4	7	8	9	10	11	14	15	16	17	18	H/21	22	23	24	25	28	29	30	31		Jan	11	Jan	7
FEBRUARY					1	4	5	6	7	8	11	12	13	14	H/15	H/18	19	20	21	22	25	26	27	28		Feb	11	Feb	7
MARCH					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29	Mar	9	Mar	7
APRIL	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30				Apr	14	Apr	8
MAY			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	H/27	28	29	30	31	May	11	May	10
JUNE	3	4	5	6	7	10	11	P/12	13	14	17	18	19	20	21	24	25	26	27	28						Jun	6	Jun	2
Total																					110	74							

 (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.