

2018-2019 SCHOOL YEAR CALENDAR

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

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

_____% _____%
 Partner (A) Partner (B)

Year-Round (Site Administered) Job Share

INSTRUCTIONS: Indicate full contract days with an "A" or "B". The total number of contract days is 184 days for full time assignments.

	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		Jul	
AUGUST																3	4	P/22	P/23	P/24	27	28	29	30	31	Aug		Aug	
SEPTEMBER	H/3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28						Sep		Sep	
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		Oct	
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		Nov	
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		Dec	
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		Jan	
FEBRUARY					1	4	5	6	7	8	11	12	13	14	H/15	H/18	19	20	21	22	25	26	27	28		Feb		Feb	
MARCH					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29	Mar		Mar	
APRIL	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	P/23	24	25	26	29	30				Apr		Apr	
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		May	
JUNE	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28						Jun		Jun	
(Principal/Department Head Signature)					(Date)										Total		Total												

I have discussed this work schedule with the employee and am approving it in order to meet program requirements. **(Please note that this calendar is only to be used when the "standardized" job share calendar options do not meet the instructional program requirements.)**