

SAN DIEGO UNIFIED SCHOOL DISTRICT

Payroll Department

2018-2019 School Year Calendar

Certificated Schedule

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

X = Contract Days

H = Mandated or Declared Holiday

P = Prep Days

191 Days - Psychologist (Year-Round)

	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		CUM TOTALS
JULY	2 X	3 X	H/4	5 X	6 X	9 X	10 X	11 X	12 X	13 X	16 X	17 X	18 X	19 X	20 X	23	24	25	26	27	30	31				Jul	14	14
AUGUST			1	2	3	6	7	8	9	10	13	14	15	16	17	20 X	21 X	P/22 X	P/23 X	P/24 X	27 X	28 X	29 X	30 X	31 X	Aug	10	24
SEPTEMBER	H/3	4 X	5 X	6 X	7 X	10 X	11 X	12 X	13 X	14 X	17 X	18 X	19 X	20 X	21 X	24 X	25 X	26 X	27 X	28 X						Sep	19	43
OCTOBER	1 X	2 X	3 X	4 X	5 X	8 X	9 X	10 X	11 X	12 X	15 X	16 X	17 X	18 X	19 X	22 X	23 X	24 X	25 X	26 X	29 X	30 X	31 X			Oct	23	66
NOVEMBER				1 X	2 X	5 X	6 X	7 X	8 X	9 X	H/12	13 X	14 X	15 X	16 X	19	20	21	H/22	H/23	26 X	27 X	28 X	29 X	30 X	Nov	16	82
DECEMBER	3 X	4 X	5 X	6 X	7 X	10 X	11 X	12 X	13 X	14 X	17 X	18 X	19 X	20 X	21 X	H/24	H/25	26	27	28	H/31					Dec	15	97
JANUARY		H/1	2	3	4	7	8	9	10	11	14	15	16	17	18	H/21	22 X	23 X	24 X	25 X	28 X	29 X	30 X	31 X		Jan	8	105
FEBRUARY					1 X	4 X	5 X	6 X	7 X	8 X	11 X	12 X	13 X	14 X	H/15	H/18	19 X	20 X	21 X	22 X	25 X	26 X	27 X	28 X		Feb	18	123
MARCH					1 X	4 X	5 X	6 X	7 X	8 X	11 X	12 X	13 X	14 X	15 X	18 X	19 X	20 X	21 X	22 X	25	26	27	28	29	Mar	16	139
APRIL	1	2	3	4	5	8	9	10	11	12	15	16 X	17 X	18 X	19 X	22 X	P/23 X	24 X	25 X	26 X	29 X	30 X				Apr	11	148
MAY			1 X	2 X	3 X	6 X	7 X	8 X	9 X	10 X	13 X	14 X	15 X	16 X	17 X	20 X	21 X	22 X	23 X	24	H/27	28 X	29 X	30 X	31 X	May	21	171
JUNE	3 X	4 X	5 X	6 X	7 X	10 X	11 X	12 X	13 X	14 X	17 X	18 X	19 X	20 X	21 X	24 X	25 X	26 X	27 X	28 X						Jun	20	191
Time and Labor Calendar = C10 YPSYCH																										Total	191	191

NOTE: Four teacher preparation days must be designated at each school by agreement between the principal and certificated staff and must be between July 1, 2018 and June 30, 2019.

 (Employee Signature) (Date)

 (Principal/Department Head Signature) (Date)

PAYROLL USE ONLY
 Input Date: _____
 Input By: _____
 Pay Group: _____

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