

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

2019-2020 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%		40%	
	Partner (A)		Partner (B)	
	TOTALS	TOTALS	TOTALS	TOTALS
Jul	0	Jul	0	
Aug	4	Aug	4	
Sep	12	Sep	8	
Oct	14	Oct	9	
Nov	8	Nov	7	
Dec	9	Dec	6	
Jan	11	Jan	8	
Feb	11	Feb	7	
Mar	12	Mar	8	
Apr	12	Apr	7	
May	11	May	8	
Jun	6	Jun	2	
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	1	2	3	H/4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31		
AUGUST				1	2	5	6	7	8	9	12	13	14	15	16	19	20	P/21 A	P/22 B	P/23 B	26	27	28	29	30
SEPTEMBER	H/2	3 A	4 A	5 B	6 B	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30				
OCTOBER		1 A	2 A	3 B	4 B	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	31	
NOVEMBER					1 B	4	5	6	7	8	H/11	12	13	14	15	18	19	20	21	22	25	26	27	H/28	H/29
DECEMBER	2 A	3 A	4 A	5 B	6 B	9	10	11	12	13	16	17	18	19	20	23	H/24	H/25	26	27	30	H/31			
JANUARY			H/1	2	3	6	7	8	9	10	13	14	15	16	17	H/20	21	22	23	24	27	28	29	30	31
FEBRUARY	3 A	4 A	5 A	6 B	7 B	10	11	12	13	H/14	H/17	18	19	20	21	24	25	26	27	28					
MARCH	2 A	3 A	4 A	5 B	6 B	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30	31			
APRIL			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	
MAY					1 B	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	H/25	26	27	28	29
JUNE	1 A	2 A	3 A	4 B	5 B	8	9	P/10	11	12	15	16	17	18	19	22	23	24	25	26	29	30			

(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.