

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 Wednesday/Thursday/Friday (184 Days Total)

		60%		40%	
		Partner (A)		Partner (B)	
		TOTALS		TOTALS	
Jul	0	Jul	0		
Aug	5	Aug	3		
Sep	12	Sep	8		
Oct	14	Oct	9		
Nov	9	Nov	6		
Dec	9	Dec	6		
Jan	12	Jan	7		
Feb	11	Feb	7		
Mar	12	Mar	8		
Apr	11	Apr	8		
May	12	May	7		
Jun	3	Jun	5		
<b>Total</b>	<b>110</b>	<b>Total</b>	<b>74</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
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 B	P/22 A	P/23 A	26 B	27 B	28 A	29 A	30 A
SEPTEMBER	H/2	3 B	4 A	5 A	6 A	9 B	10 B	11 A	12 A	13 A	16 B	17 B	18 A	19 A	20 A	23 B	24 B	25 A	26 A	27 A	30 B				
OCTOBER		1 B	2 A	3 A	4 A	7 B	8 B	9 A	10 A	11 A	14 B	15 B	16 A	17 A	18 A	21 B	22 B	23 A	24 A	25 A	28 B	29 B	30 A	31 A	
NOVEMBER					1 A	4 B	5 B	6 A	7 A	8 A	H/11	12 B	13 B	14 A	15 A	18 B	19 B	20 A	21 A	22 A	25	26	27	H/28 H/29	
DECEMBER	2 B	3 B	4 A	5 A	6 A	9 B	10 B	11 A	12 A	13 A	16 B	17 B	18 A	19 A	20 A	23	H/24	H/25	26	27	30	H/31			
JANUARY			H/1	2	3	6 B	7 B	8 A	9 A	10 A	13 B	14 B	15 A	16 A	17 A	H/20	21 B	22 A	23 A	24 A	27 B	28 B	29 A	30 A	31 A
FEBRUARY	3 B	4 B	5 A	6 A	7 A	10 B	11 B	12 A	13 A	H/14	H/17	18 B	19 A	20 A	21 A	24 B	25 B	26 A	27 A	28 A					
MARCH	2 B	3 B	4 A	5 A	6 A	9 B	10 B	11 A	12 A	13 A	16 B	17 B	18 A	19 A	20 A	23 B	24 B	25 A	26 A	27 A	30	31			
APRIL			1	2	3	6 B	7 B	8 A	9 A	10 A	13 B	14 B	15 A	16 A	17 A	20 B	21 B	22 A	23 A	24 A	27 B	28 B	29 A	30 A	
MAY					1 A	4 B	5 B	6 A	7 A	8 A	11 B	12 B	13 A	14 A	15 A	18 B	19 B	20 A	21 A	22 A	H/25	26 B	26 A	26 A	26 A
JUNE	1 B	2 B	3 A	4 A	5 A	8 B	9 B	P/10 B	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

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