

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
 80/20 Split, 20% Working Fridays (184 Days Total)

80% Partner (A) 20% 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	1	2	3	H/4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31			Jul	0	Jul	0
AUGUST				1	2	5	6	7	8	9	12	13	14	15	16	19	20	P/21 A	P/22 A	P/23 B	26	27	28	29	30 B	Aug	6	Aug	2
SEPTEMBER	H/2	3 A	4 A	5 A	6 B	9 A	10 A	11 A	12 A	13 B	16 A	17 A	18 A	19 A	20 B	23 A	24 A	25 A	26 A	27 B	30 A					Sep	16	Sep	4
OCTOBER		1 A	2 A	3 A	4 B	7 A	8 A	9 A	10 A	11 B	14 A	15 A	16 A	17 A	18 B	21 A	22 A	23 A	24 A	25 B	28 A	29 A	30 A	31 A		Oct	19	Oct	4
NOVEMBER					1 B	4 A	5 A	6 A	7 A	8 B	H/11	12 A	13 A	14 A	15 B	18 A	19 A	20 A	21 A	22 B	25	26	27	H/28	H/29	Nov	11	Nov	4
DECEMBER	2 A	3 A	4 A	5 A	6 B	9 A	10 A	11 A	12 A	13 B	16 A	17 A	18 A	19 A	20 B	23	H/24	H/25	26	27	30	H/31				Dec	12	Dec	3
JANUARY			H/1	2	3	6 A	7 A	8 A	9 A	10 B	13 A	14 A	15 A	16 A	17 B	H/20	21 A	22 A	23 A	24 B	27 A	28 A	29 A	30 A	31 B	Jan	15	Jan	4
FEBRUARY	3 A	4 A	5 A	6 A	7 B	10 A	11 A	12 A	13 B	H/14	H/17	18 A	19 A	20 A	21 B	24 A	25 A	26 A	27 A	28 B						Feb	14	Feb	4
MARCH	2 A	3 A	4 A	5 A	6 B	9 A	10 A	11 A	12 A	13 B	16 A	17 A	18 A	19 A	20 B	23 A	24 A	25 A	26 A	27 B	30	31				Mar	16	Mar	4
APRIL			1	2	3	6 A	7 A	8 A	9 A	10 B	13 A	14 A	15 A	16 A	17 B	20 A	21 A	22 A	23 A	24 B	27 A	28 A	29 A	30 A		Apr	16	Apr	3
MAY					1 B	4 A	5 A	6 A	7 A	8 B	11 A	12 A	13 A	14 A	15 B	18 A	19 A	20 A	21 A	22	H/25	26 A	27 A	28 A	29 B	May	15	May	4
JUNE	1 A	2 A	3 A	4 A	5 B	8 A	9 A	P/10 A	11	12	15	16	17	18	19	22	23	24	25	26	29	30				Jun	7	Jun	1
Total																					147	Total	37						

Thanksgiving Break

Winter Break

Winter Break

Spring Break

Please Print Job Share Partner's Name

(Employee Signature) _____ (Date) _____

(Principal/Department Head Signature) _____ (Date) _____

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.