

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 Mondays (184 Days Total)

	80% Partner (A)	20% Partner (B)
TOTALS	TOTALS	TOTALS
Jul	0	Jul 0
Aug	6	Aug 2
Sep	16	Sep 4
Oct	19	Oct 4
Nov	13	Nov 2
Dec	12	Dec 3
Jan	15	Jan 4
Feb	14	Feb 4
Mar	16	Mar 4
Apr	15	Apr 4
May	15	May 4
Jun	6	Jun 2
Total	147	Total 37

	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 A	28 A	29 A	30 A
SEPTEMBER	H/2	3 A	4 A	5 A	6 A	9 B	10 A	11 A	12 A	13 A	16 B	17 A	18 A	19 A	20 A	23 B	24 A	25 A	26 A	27 A	30 B				
OCTOBER		1 A	2 A	3 A	4 A	7 B	8 A	9 A	10 A	11 A	14 B	15 A	16 A	17 A	18 A	21 B	22 A	23 A	24 A	25 A	28 B	29 A	30 A	31 A	
NOVEMBER					1 A	4 B	5 A	6 A	7 A	8 A	H/11	12 A	13 A	14 A	15 A	18 B	19 A	20 A	21 A	22 A	25	26	27	H/28	H/29
DECEMBER	2 B	3 A	4 A	5 A	6 A	9 B	10 A	11 A	12 A	13 A	16 B	17 A	18 A	19 A	20 A	23	H/24	H/25	26	27	30	H/31			
JANUARY			H/1	2	3	6 B	7 A	8 A	9 A	10 A	13 B	14 A	15 A	16 A	17 A	H/20	21 B	22 A	23 A	24 A	27 B	28 A	29 A	30 A	31 A
FEBRUARY	3 B	4 A	5 A	6 A	7 A	10 B	11 A	12 A	13 A	H/14	H/17	18 B	19 A	20 A	21 A	24 B	25 A	26 A	27 A	28 A					
MARCH	2 B	3 A	4 A	5 A	6 A	9 B	10 A	11 A	12 A	13 A	16 B	17 A	18 A	19 A	20 A	23 B	24 A	25 A	26 A	27 A	30	31			
APRIL			1	2	3	6 B	7 A	8 A	9 A	10 A	13 B	14 A	15 A	16 A	17 A	20 B	21 A	22 A	23 A	24 A	27 B	28 A	29 A	30 A	
MAY					1 A	4 B	5 A	6 A	7 A	8 A	11 B	12 A	13 A	14 A	15 A	18 B	19 A	20 A	21 A	22 A	H/25	26 B	27 A	28 A	29 A
JUNE	1 B	2 A	3 A	4 A	5 A	8 B	9 A	P/10 A	11	12	15	16	17	18	19	22	23	24	25	26	29	30			

Thanksgiving Break

Winter Break

Winter Break

Spring Break

Please Print Job Share Partner's Name

(Employee Signature) _____ (Date) _____

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

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

PAYROLL USE ONLY
Input Date: _____
Input By: _____