

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
 50/50 Split, Alternating Wednesdays (184 Days Total)**

50% 50%
Partner (A) 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
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 A	10 A	11 B	12 B	13 B	16 A	17 A	18 A	19 B	20 B	23 A	24 A	25 B	26 B	27 B	30 A				
OCTOBER		1 A	2 A	3 B	4 B	7 A	8 A	9 B	10 B	11 B	14 A	15 A	16 A	17 B	18 B	21 A	22 A	23 B	24 B	25 B	28 A	29 A	30 A	31 B	
NOVEMBER					1 B	4 A	5 A	6 A	7 B	8 B	H/11	12 A	13 A	14 B	15 B	18 A	19 A	20 B	21 B	22 B	25	26	27	H/28	H/29
DECEMBER																									
	2 A	3 A	4 A	5 B	6 B	9 A	10 A	11 B	12 B	13 B	16 A	17 A	18 A	19 B	20 B	23	H/24	H/25	26	27	30	H/31			
JANUARY			H/1	2	3	6 A	7 A	8 B	9 B	10 B	13 A	14 A	15 A	16 B	17 B	H/20	21 A	22 B	23 B	24 B	27 A	28 A	29 A	30 B	31 B
FEBRUARY	3 A	4 A	5 B	6 B	7 B	10 A	11 A	12 A	13 B	H/14	H/17	18 A	19 B	20 B	21 B	24 A	25 A	26 A	27 B	28 B					
MARCH	2 A	3 A	4 B	5 B	6 B	9 A	10 A	11 A	12 B	13 B	16 A	17 A	18 B	19 B	20 B	23 A	24 A	25 A	26 B	27 B	30	31			
APRIL			1	2	3	6 A	7 A	8 B	9 B	10 B	13 A	14 A	15 A	16 B	17 B	20 A	21 A	22 B	23 B	24 B	27 A	28 A	29 A	30 B	
MAY					1 B	4 A	5 A	6 B	7 B	8 B	11 A	12 A	13 A	14 B	15 B	18 A	19 A	20 B	21 B	22	H/25	26 A	27 A	28 B	29 B
JUNE	1 A	2 A	3 B	4 B	5 B	8 A	9 A	P/10 A	11	12	15	16	17	18	19	22	23	24	25	26	29	30			

	TOTALS		TOTALS	
	Partner (A)	Partner (B)	Partner (A)	Partner (B)
Jul	0	0	0	0
Aug	3	5	3	5
Sep	10	10	10	10
Oct	12	11	12	11
Nov	7	8	7	8
Dec	8	7	8	7
Jan	9	10	9	10
Feb	9	9	9	9
Mar	10	10	10	10
Apr	10	9	10	9
May	9	10	9	10
Jun	5	3	5	3
Total	92	92	92	92

 (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 requiremen