

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

**Year-Round School Year Job Share**  
**50/50 Split, 50% Working Mondays/Tuesdays/Alternating Wednesdays (184 Days Total)**

	50% Partner (A)	50% Partner (B)
	TOTALS	TOTALS
Jul	8	6
Aug	4	4
Sep	10	10
Oct	12	11

	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 A	2 A	3 A	H/4	5 B	8 A	9 A	10 B	11 B	12 B	15 A	16 A	17 A	18 B	19 B	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 A	P/23 B	26 A	27 A	28 B	29 B	30 B		
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 B	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	7	8	9	10	13	14	15	16	17	H/20	21	22	23	24	27 A	28 A	29 B	30 B	31 B		
FEBRUARY	3 A	4 A	5 A	6 B	7 B	10 A	11 A	12 B	13 B	H/14	H/17	18 A	19 A	20 B	21 B	24 A	25 A	26 B	27 B	28 B							
MARCH	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 A	24 A	25 B	26 B	27 B	30	31					
APRIL			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	P/24 B	27 A	28 A	29 B	30 B			
MAY					1 B	4 A	5 A	6 A	7 B	8 B	11 A	12 A	13 B	14 B	15 B	18 A	19 A	20 A	21 B	22	H/25	26 A	27 B	28 B	29 B		
JUNE	1 A	2 A	3 A	4 B	5 B	8 A	9 A	10 B	11 B	12 B	15 A	16 A	17 A	18 B	19 B	22 A	23 A	24 B	25 B	26 B	29 A	30 A					
<b>Total</b>																					<b>92</b>						<b>92</b>

\_\_\_\_\_  
 (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.