

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

		80%		20%	
		Partner (A)		Partner (B)	
		TOTALS		TOTALS	
Jul	11	Jul	3		
Aug	7	Aug	1		
Sep	16	Sep	4		
Oct	19	Oct	4		
Nov	11	Nov	4		
Dec	12	Dec	3		
Jan	4	Jan	1		
Feb	14	Feb	4		
Mar	16	Mar	4		
Apr	4	Apr	1		
May	15	May	4		
Jun	18	Jun	4		
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 A	2 A	3 A	H/4	5 B	8 A	9 A	10 A	11 A	12 B	15 A	16 A	17 A	18 A	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 A	26 A	27 A	28 A	29 A	30 B
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				
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	
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
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			
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 A	30 A	31 B
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					
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			
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 A	30 A	
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
JUNE	1 A	2 A	3 A	4 A	5 B	8 A	9 A	10 A	11 A	12 B	15 A	16 A	17 A	18 A	19 B	22 A	23 A	24 A	25 A	26 B	28 A	29 A			

 (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.