SAN DIEGO UNIFIED SCHOOL DISTRICT

Site Administered - 208 Days

Name:												2019	9-202	20 Sc	hool	l Ye	ar C	aler	ndar									•	
Empl ID #:								_			(Certi	ficat	ed 12	2 Mo	nth	184	+44	Day	'S									
Job Title:																						X =	Contract Days						
Location Name/Loc #:																						H =	Man	indated or Declared Holiday					
Work Telephor	ie:							_																					
INSTRUCTION	IS: Ind	dicat	e full	l work	dav:	= " X "	The	total	num	ber o	f servi	ce da	vs fo	r 201	8-201	19 is	228	for	full-1	ime :	assiaı	nments	s.						
INGTROOTION	M T W Th F M T								total number of service days for 2018-2019 is 228 for full-time assignr W Th F M T W Th F M T W Th F												М	<u>т</u>	W	Th	F TOTALS				
JULY	1	2	3	H/4	5	8	9	10	11	12	15	16	17	18	19			23	24	25	26	29	30	31			Jul	0	
AUGUST				1	2	5	6	7	8	9	12	13	14	15	16	-	19	20	P/21	P/22	P/23	26	27	28	29	30	Aug	0	
SEPTEMBER	H/2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	2	23	24	25	26	27	30					Sep	0	
OCTOBER		1	2	3	4	7	8	9	10	11	14	15	16	17	18	2	21	22	23	24	25	28	29	30	31		Oct	0	
				1		<u> </u>		1			<u> </u>		<u> </u>	<u> </u>		<u> </u>						Thanksgiving Break							
NOVEMBER					1	4	5	6	7	8	H/11	12	13	14	15		18	19	20	21	22	25	26	27	H/28	H/29	Nov	0	
																			ter B				Winter Break						
DECEMBER	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	2			H/25	26	27	30	H/31				Dec	0	
JANUARY			H/1	2	3	6	7	8	9	10	13	14	15	16	17	Н	/20	21	22	23	24	27	28	29	30	31	Jan	0	
FEBRUARY	3	4	5	6	7	10	11	12	13	H/14	H/17	18	19	20	21	2	24	25	26	27	28						Feb	0	
																	Spri	ng B	reak										
MARCH	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	2	23	24	25	26	27	30	31				Mar	0	
APRIL			1	2	3	6	7	8	9	10	13	14	15	16	17	2	20	21	22	23	24	27	28	29	30		Apr	0	
MAY					1	4	5	6	7	8	11	12	13	14	15	<i>'</i>	18	19	20	21	22	H/25	26	27	28	29	May	0	
JUNE	1	2	3	4	5	8	9	P/10	11	12	15	16	17	18	19	2	22	23	24	25	26	29	30				Jun	0	
						-	•			<u>u</u>	-					•							1				Total		
(Employee Signature) (Date)									Calendar MUST be submitted prior to the start of the 18/19 school year.												PAYROLL USE ONLY								
																								Input Date:					
(Principal/Department Head Signature) (Date)																					Input By:								

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