

Name: _____
 Employee ID#: _____
 Job Title: _____
 Location Name and #: _____
 Work Telephone: _____

2008-2009 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

60/40 Split, 60% Working Wednesday/Thursday/Friday (184 Days Total)

60%

40%

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	TOTALS		TOTALS	
JULY		1	2	3	H/4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	31		Jul	0	Jul	0
AUGUST					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	P/27 B	P/28 A	P/29 A	Aug	2	Aug	1
SEPTEMBER	H/1	2 B	3 A	4 A	5 A	8 B	9 B	10 A	11 A	12 A	15 B	16 B	17 A	18 A	19 A	22 B	23 B	24 A	25 A	26 A	29 B	30 B				Sep	12	Sep	9
OCTOBER			1 A	2 A	3 A	6 B	7 B	8 A	9 A	10 A	13 B	14 B	15 A	16 A	17 A	20 B	21 B	22 A	23 A	24 A	27 B	28 B	29 A	30 A	31 A	Oct	15	Oct	8
NOVEMBER	3 B	4 B	5 A	6 A	7 A	10 B	H/11	12 A	13 A	14 A	17 B	18 B	19 A	20 A	21 A	24	25	26	27	28						Nov	9	Nov	5
DECEMBER	1 B	2 B	3 A	4 A	5 A	8 B	9 B	10 A	11 A	12 A	15 B	16 B	17 A	18 A	19 A	22	23	H/24	H/25	26	29	30	H/31			Dec	9	Dec	6
JANUARY				H/1	2	5 B	6 B	7 A	8 A	9 A	12 B	13 B	14 A	15 A	16 A	H/19	20 B	21 A	22 A	23 A	26 B	27 B	28 A	29 A	30 A	Jan	12	Jan	7
FEBRUARY	2 B	3 B	4 A	5 A	6 A	H/9	10 B	11 B	12 A	13 A	H/16	17 B	18 B	19 A	20 A	23 B	24 B	25 A	26 A	27 A						Feb	10	Feb	8
MARCH	2 B	3 B	4 A	5 A	6 A	9 B	10 B	11 A	12 A	13 A	16 B	17 B	18 A	19 A	20 A	23 B	24 B	25 A	26 A	27 A	30 B	31 B				Mar	12	Mar	10
APRIL			1 A	2 A	3 A	6	7	8	9	10	13 B	14 B	15 A	16 A	17 A	20 B	21 B	22 A	23 A	24 A	27 B	28 B	29 A	30 A		Apr	11	Apr	6
MAY					1 A	4 B	5 B	6 A	7 A	8 A	11 B	12 B	13 A	14 A	15 A	18 B	19 B	20 A	21 A	22 A	H/25	26 B	27 B	28 A	29 A	May	12	May	8
JUNE	1 B	2 B	3 A	4 A	5 A	8 B	9 B	10 A	11 A	12 A	15 B	P/16	17	18	19	22	23	24	25	26	29	30				Jun	6	Jun	6
																									Total	110	Total	74	

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

Job Share Partner's Name

PAYROLL USE ONLY
 Input Date: _____
 Input By: _____
 Pay Group: C10

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