

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

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 Year Job Share
50/50 Split, 50% Working Mondays/Tuesdays/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	TOTALS		TOTALS	
JULY		1 A	2 A	3 B	H/4	7 A	8 A	9 B	10 B	11 B	14 A	15 A	16 A	17 B	18 B	21 A	22	23	24	25	28	29	30	31		Jul	8	Jul	6
AUGUST					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	P/27 A	P/28 B	P/29 B	Aug	1	Aug	2
SEPTEMBER	H/1	2 A	3 B	4 B	5 B	8 A	9 A	10 A	11 B	12 B	15 A	16 A	17 B	18 B	19 B	22 A	23 A	24 A	25 B	26 B	29 A	30 A				Sep	11	Sep	10
OCTOBER			1 B	2 B	3 B	6 A	7 A	8 A	9 B	10 B	13 A	14 A	15 B	16 B	17 B	20 A	21 A	22 A	23 B	24 B	27 A	28 A	29 B	30 B	31 B	Oct	10	Oct	13
NOVEMBER	3 A	4 A	5 A	6 B	7 B	10 A	H/11	12 B	13 B	14 B	17 A	18 A	19 A	20 B	21 B	24	25	26	H/27	H/28						Nov	7	Nov	7
DECEMBER	1 A	2 A	3 B	4 B	5 B	8 A	9 A	10 A	11 B	12 B	15 A	16 A	17 B	18 B	19 B	22	23	H/24	H/25	26	29	30	H/31			Dec	7	Dec	8
JANUARY				H/1	2	5	6	7	8	9	12	13	14	15	16	H/19	20 A	21 A	22 B	23 B	26 A	27 A	28 B	29 B	30 B	Jan	4	Jan	5
FEBRUARY	2 A	3 A	4 A	5 B	6 B	H/9	10 A	11 A	12 B	13 B	H/16	17 A	18 A	19 B	20 B	23 A	24 A	25 B	26 B	27 B						Feb	9	Feb	9
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 A	31 A				Mar	12	Mar	10
APRIL			1 A	2 B	3 B	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30		Apr	1	Apr	2
MAY					P/1 A	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 B	H/25	26 A	27 A	28 B	29 B	May	10	May	10
JUNE	1 A	2 A	3 B	4 B	5 B	8 A	9 A	10 A	11 B	12 B	15 A	16 A	17 B	18 B	19 B	22 A	23 A	24 A	25 B	26 B	29 A	30 A				Jun	12	Jun	10
																									Total	92	Total	92	

 (Employee Signature) (Date)

Job Share Partner's Name

PAYROLL USE ONLY
 Input Date: _____
 Input By: _____
 Pay Group: C12

 (Principal/Department Head Signature) (Date)
 I have discussed this work schedule with the employee and am approving it in order to meet program requirements.