SAN DIEGO UNIFIED SCHOOL DISTRICT **Time and Labor Calendar = C10 Y184SA**

Payroll Department

2008-2009 SCHOOL YEAR CALENDAR

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 (Site Administered) Job Share

_____% _____%

INSTRUCTIONS: Indicate full contract days with an "A" or "B". The total number of contract days is 184 days for full time assignments.

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

(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. **(Please note that this calendar is only to be used when the "standardized" job share calendar options do not meet the instructional program requirements.)**