

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

2009-2010 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 Year Job Share

60/40 Split, 60% Working Mondays/Tuesdays/Wednesdays (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 A	2 A	H/3	6 A	7 A	8 A	9 B	10 B	13 A	14 A	15 A	16 B	17 B	20 A	21 A				27	28	29	30	31	Jul	10	Jul	4
AUGUST	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	31					Aug	0	Aug	0
SEPTEMBER		1	P/2 A	P/3 A	P/4 B	H/7	8 A	9 A	10 B	11 B	14 A	15 A	16 A	17 B	18 B	21 A	22 A	23 A	24 B	25 B	28 A	29 A	30 A			Sep	13	Sep	7
OCTOBER				1 B	2 B	5 A	6 A	7 A	8 B	9 B	12 A	13 A	14 A	15 B	16 B	19 A	20 A	21 A	22 B	23 B	26 A	27 A	28 A	29 B	30 B	Oct	12	Oct	10
NOVEMBER	2 A	3 A	4 A	5 B	6 B	9 A	10 A	H/11	12 B	13 B	16 A	17 A	18 A	19 B	20 B	23	24	25	H/26	H/27	30 A					Nov	9	Nov	6
DECEMBER		1 A	2 A	3 B	4 B	7 A	8 A	9 A	10 B	11 B	14 A	15 A	16 A	17 B	18 B	21	22	23	H/24	H/25	28	29	30	H/31		Dec	8	Dec	6
JANUARY					H/1	4	5	6	7	8	11	12	13	14	15	H/18	19 A	20 A	21 B	22 B	25 A	26 A	27 A	28 B	29 B	Jan	5	Jan	4
FEBRUARY	1 A	2 A	3 A	4 B	5 B	8 A	9 A	10 B	11 B	H/12	H/15	16 A	17 A	18 B	19 B	22 A	23 A	24 A	25 B	26 B						Feb	10	Feb	8
MARCH	1 A	2 A	3 A	4 B	5 B	8 A	9 A	10 A	11 B	12 B	15 A	16 A	17 A	18 B	19 B	22 A	23 A	24 B	25 B	26 B	29	30	31			Mar	11	Mar	9
APRIL				1	2	5	6	7	8	9	12	13	14	15	16	P/19 A	20 A	21 A	22 B	23 B	26 A	27 A	28 A	29 B	30 B	Apr	6	Apr	4
MAY	3 A	4 A	5 A	6 B	7 B	10 A	11 A	12 A	13 B	14 B	17 A	18 A	19 A	20 B	21 B	24 A	25 A	26 A	27 B	28 B	H/31					May	12	May	8
JUNE		1 A	2 A	3 B	4 B	7 A	8 A	9 A	10 B	11 B	14 A	15 A	16 A	17 B	18 B	21 A	22 A	23 A	24 B	25 B	28 A	29 A	30 A			Jun	14	Jun	8
																									Total	110	Total	74	

(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.