

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
80/20 Split, 20% Working Fridays (184 Days Total)

80% **20%**
 Partner (A) Partner (B)

	M T W Th F					M T W Th F					M T W Th F					M T W Th F					TOTALS		TOTALS						
	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Partner (A)	Partner (B)	Partner (A)	Partner (B)					
JULY			1 A	2 A	H/3	6 A	7 A	8 A	9 A	10 B	13 A	14 A	15 A	16 A	17 B	20 A	21 A				27	28	29	30	31	Jul	12	Jul	2
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 A	11 B	14 A	15 A	16 A	17 A	18 B	21 A	22 A	23 A	24 A	25 B	28 A	29 A	30 A			Sep	16	Sep	4
OCTOBER				1 A	2 B	5 A	6 A	7 A	8 A	9 B	12 A	13 A	14 A	15 A	16 B	19 A	20 A	21 A	22 A	23 B	26 A	27 A	28 A	29 A	30 B	Oct	17	Oct	5
NOVEMBER	2 A	3 A	4 A	5 A	6 B	9 A	10 A	H/11	12 B	13 B	16 A	17 A	18 A	19 A	20 B	23	24	25	H/26	H/27	30 A					Nov	11	Nov	4
DECEMBER		1 A	2 A	3 A	4 B	7 A	8 A	9 A	10 A	11 B	14 A	15 A	16 A	17 A	18 B	21	22	23	H/24	H/25	28	29	30	H/31		Dec	11	Dec	3
JANUARY					H/1	4	5	6	7	8	11	12	13	14	15	H/18	19 A	20 A	21 A	22 B	25 A	26 A	27 A	28 A	29 B	Jan	7	Jan	2
FEBRUARY	1 A	2 A	3 A	4 A	5 B	8 A	9 A	10 A	11 A	H/12	H/15	16 A	17 A	18 A	19 B	22 A	23 A	24 A	25 A	26 B						Feb	15	Feb	3
MARCH	1 A	2 A	3 A	4 A	5 B	8 A	9 A	10 A	11 A	12 B	15 A	16 A	17 A	18 A	19 B	22 A	23 A	24 A	25 A	26 B	29	30	31			Mar	16	Mar	4
APRIL				1	2	5	6	7	8	9	12	13	14	15	16	P/19	20 A	21 A	22 A	23 B	26 A	27 A	28 A	29 A	30 B	Apr	8	Apr	2
MAY	3 A	4 A	5 A	6 A	7 B	10 A	11 A	12 A	13 A	14 B	17 A	18 A	19 A	20 A	21 B	24 A	25 A	26 A	27 A	28 B	H/31					May	16	May	4
JUNE		1 A	2 A	3 A	4 B	7 A	8 A	9 A	10 A	11 B	14 A	15 A	16 A	17 A	18 B	21 A	22 A	23 A	24 A	25 B	28 A	29 A	30 A			Jun	18	Jun	4
Total																					147	37							

 (Employee Signature) (Date)

Job Share Partner's Name

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.