

Payroll Department

2009-2010 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	H/3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	31	Jul		Jul	
AUGUST	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	31					Aug		Aug	
SEPTEMBER		1	P/2	P/3	P/4	H/7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30			Sep		Sep	
OCTOBER				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30	Oct		Oct	
NOVEMBER	2	3	4	5	6	9	10	H/11	12	13	16	17	18	19	20	23	24	25	H/26	H/27	30					Nov		Nov	
DECEMBER		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	H/24	H/25	28	29	30	H/31		Dec		Dec	
JANUARY					H/1	4	5	6	7	8	11	12	13	14	15	H/18	19	20	21	22	25	26	27	28	29	Jan		Jan	
FEBRUARY	1	2	3	4	5	8	9	10	11	H/12	H/15	16	17	18	19	22	23	24	25	26						Feb		Feb	
MARCH	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31			Mar		Mar	
APRIL				1	2	5	6	7	8	9	12	13	14	15	16	P/19	20	21	22	23	26	27	28	29	30	Apr		Apr	
MAY	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	H/31					May		May	
JUNE		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30			Jun		Jun	
Job Share Partner's Name																									PAYROLL USE ONLY				
_____ (Employee Signature)					_____ (Date)															Input Date:									
_____ (Principal/Department Head Signature)					_____ (Date)															Input By:									
																				Pay Group: C12									
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.)																													

(Employee Signature)

(Date)

 Job Share Partner's Name

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

Total Total

(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.)