

Name: _____

Employee ID#: _____

Job Title: _____

Location Name/Loc #: _____

Work Telephone: _____

2023-2024 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

60%

40%

Partner (A)

Partner (B)

60/40 Split, 60% Working Wednesday/Thursday/Friday (184 Days Total)

	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
JULY	3	H/4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	31				
AUGUST		1	2	3	4	7	8	9	10	11	14	15	P/16	P/17	P/18	21	22	23	24	25	28	29	30	31	
SEPTEMBER					1 A	H/4	5 B	6 B	7 A	8 A	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29 A
OCTOBER	2 B	3 B	4 A	5 A	6 NI	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30	31			
NOVEMBER			1 A	2 A	3 A	6	7	8	9	H/10	13	14	15	16	17	20	21	22	H/23	H/24	27	28	29 A	30 A	
DECEMBER					1 A	4	5	6	7	8	11	12	13	14	15	18	19	20	21	H/22	H/25	26	27	28	H/29
JANUARY	H/1	2 NI	3 A	4 A	5 A	8	9	10	11	12	H/15	16	17	18	19	22	23	24	25	26	29	30	31		
FEBRUARY				1 A	2 A	5	6	7	8	9	12	13	14	15	H/16	H/19	20	21	22	23	26	27	28	29	
MARCH					1 A	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29 A
APRIL	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30			
MAY			1 A	2 A	3 A	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	H/27	28	29	30	31 A
JUNE	3 B	4 B	5 A	6 A	P/7 A	10	11	12	13	14	17	18	H/19	20	21	24	25	26	27	28					

	TOTALS	TOTALS
Jul	0	0
Aug	7	5
Sep	12	8
Oct	11	10

Nov	10	6
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Dec	7	4
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Jan	12	8
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Feb	12	7
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Mar	13	8
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Apr	9	8
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May	14	8
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Jun	3	2
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Total	110	Total	74
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PAYROLL USE ONLY
 Input Date: _____
 Input By: _____

 (Employee Signature)

 (Date)

Please Print Job Share Partner's Name

 (Principal/Department Head Signature)

 (Date)

I have discussed this work schedule with the employee and am approving it in order to meet program requirements.