



## 2020-2021 Job Share Program Enrollment Form

**Due May 1, 2020**

**Applications are only being accepted through email at this time. Thank you**

Please return Job Share Agreement, Health & Benefits forms to Shannon Bossard at [sraymond@sandi.net](mailto:sraymond@sandi.net).

New \_\_\_\_\_

Renewal \_\_\_\_\_

REQUIRED Partner A	REQUIRED Partner B
<i>Initial One</i>	<i>Initial One</i>
Job Share _____ Reduced Workload _____	Job Share _____ Reduced Workload _____
Name: _____	Name: _____
Employee ID # _____	Employee ID # _____
Current School/Dept.: _____	Current School/Dept.: _____
<b>Proposed Assignment</b>	<b>Proposed Assignment</b>
Job Share School/Dept.: _____	Job Share School/Dept.: _____
Grade Level/Assignment: _____	Grade Level/Assignment: _____
Requested FTE/%: _____	Requested FTE/%: _____

**This page must be signed by both the site administrator and Human Resources to be valid.**

Approve: \_\_\_\_\_

Disapprove: \_\_\_\_\_

Principal/Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approve: \_\_\_\_\_

Disapprove: \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Outline of Responsibilities**

According to Article 21.2.3: A written plan for a job sharing assignment shall be presented to the site administrator for approval by May 1 of each school year and referred to the appropriate circumstances, the May 1 deadline may be exceeded. (See also Appendix J.)

Please provide a written plan that addresses who will be responsible for filling the following requirements:

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Administrative Circular 7342:

- Pupil program reporting/grading
- Parental contacts/communications
- Planning and preparations
- Scheduling and grouping
- Performance of responsibilities such as yard duty, supervision of aides, open house and PTA functions
- Departmental/grade-level meetings
- Faculty meetings
- Extracurricular duties
- Intended work schedule for the school year (including calendars to show that both participants will work the required days)
- Method of covering short-term absences of a job-sharing partner

I acknowledge that upon termination of the job share assignment, the participant with the required credential and greater district seniority will have the right of assignment to the budgeted position. This right may be waived if both partners stipulate to the waiver in their original job share agreement. The other participant will not have a right of seniority over other teachers who are regularly assigned to the cost center.

***Both job share partners must initial on the same line below to assign rights of assignment.***

Partner A Initials	Who has rights to the assignment upon termination	Partner B Initials
	As stipulated in the above paragraph	
	Partner A has right of assignment	
	Partner B has right of assignment	

I agree to the requirements of the program as outlined above and as described in Administrative Procedure 7342. Sign below only if you are a job share participant. **Reduced workload participant should not sign.**

Signature Partner A: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Partner B: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH BENEFITS FOR JOB SHARE ASSIGNMENT**

The following conditions apply to the two employees in a job share assignment:

1. Job share employees must pay for medical, dental, and/or vision coverage on a tenthsly pro-rata basis, if coverage is desired.
2. Job share employees who elect coverage under any district-sponsored medical, dental and/or vision plan must make the required tenthsly pro-rata contribution for the plan(s) selected through the end of the calendar year. If coverage continues into a subsequent calendar year, the required tenthsly pro-rata contribution must be through the end of that calendar year.
3. District-paid basic life insurance coverage will remain in effect for a job share employee who is in paid status in a monthly salaried position. The benefit is equal to one times your annual salary.
4. **Job share employees may waive all of their percentage participation in each of the three health insurance programs (medical, dental and vision) and transfer such participation to their job share partner.**
  - a. **Such arrangements must be included in the job share agreement and may not be modified during the term of the agreement.**
  - b. Employees who waive coverage under this provision will be eligible to enroll either on the first of the month following the first day of paid service in a benefits eligible assignment that is not a job share assignment or on the first of the month following the start of a new job share assignment.

**To be completed by job share partners**

In accordance with the conditions specified above, as job share partners, we agree to the following division of the benefits package:

**PLEASE NOTE:** If both partners participate in a specific benefit (i.e., medical), each will pay a pro-rata share of the cost of coverage equivalent to their own position. (Pro-rata rate chart attached.)

**Job Share Work Location:** \_\_\_\_\_

**Partner A**

<b>Name:</b>			
<b>ID:</b>			
<b>Percentage of job share assignment:</b>			
	<b>Participate</b>	<b>Waive</b>	<b>Office Use Only</b>
<b>Medical</b>			
<b>Dental</b>			
<b>Vision</b>			
<b>Signature:</b>			

**Partner B**

<b>Name:</b>			
<b>ID:</b>			
<b>Percentage of job share assignment:</b>			
	<b>Participate</b>	<b>Waive</b>	<b>Office Use Only</b>
<b>Medical</b>			
<b>Dental</b>			
<b>Vision</b>			
<b>Signature:</b>			



## Health and Life Insurance FAQ

### Job Share Assignments

**1. How do health benefits work for employees in a job share assignment?**

Job share participants share one set of benefits. Job share participants must pay for medical, dental and/or vision coverage on a tenthsly pro-rata basis (September to June), if coverage is desired, based upon their percentage participation. For example, if Partner A works 60% of the assignment and Partner B works 40% of the assignment, Partner A will have 60% of the monthly premium cost for their health benefits paid for by the district and will pay 40% of the monthly premium cost by payroll deduction. Partner B will have 40% of their monthly premium cost paid for by the district and will pay 60% of the monthly premium cost by payroll deduction.

**2. Do both partners have to pick the same health plans?**

No, each job share partner can select a different health plan and add any eligible dependents to that coverage.

**3. When do the payroll deductions for the monthly health premiums begin and end?**

The monthly premium cost is taken on a tenthsly basis from the monthly payrolls issued from September to June.

**4. Do I have the opportunity to change my health plan selections to a different district plan or change the covered dependents during the year?**

Job share participation does not change your opportunity to change plans or dependents during Open Enrollment or make changes based upon an applicable qualifying event during the year (e.g. marriage, birth, divorce). Changing coverage and/or dependents however will change the monthly premium cost. Premiums are based upon a plan year (January to December) and premium changes can occur each January.

**5. What if one partner does not need health coverage? Can they waive their percentage participation and transfer such participation to their job share partner? (This only applies to job share partnerships where neither participant is part of the Reduced Workload Program)**

Yes, job share participants may waive all of their percentage participation in any of the three health programs (health, dental, vision) and transfer such participation to their job share partner. Such arrangements must be included in the job share agreement and **may not be modified** during the term of the agreement. For example, Partner A works 60% of the job share assignment and Partner B works 40% of the job share assignment but Partner A has medical coverage under a different plan and does not need the district coverage. Partner A can waive their right to medical

coverage to Partner B. Therefore, instead of Partner B paying 60% of the monthly medical premium cost, the entire monthly medical premium cost will be paid by the district.

**6. Can I make my job share partner waive their benefits because I have seniority or because my job share percentage is greater than 50%?**

No, the decision to waive percentage participation is voluntary. There is no requirement to waive benefits to your job share partner because of district seniority or the percentage of the job share assignment worked.

**7. When can I change my election if I already waived my percentage participation to my job share partner?**

Employees who waive coverage will be eligible to enroll either on the first of the month following the first day of paid service in a benefits eligible assignment that is not a job share assignment or on the first of the month following the start of a new job share assignment.

**8. How do health benefits work for employees in a job share assignment when one partner is a Reduced Workload participant?**

Reduced Workload participants receive district-paid health coverage and cannot waive any percentage participation to their job share partner. For example, if Partner A works 60% of the assignment and is a Reduced Workload participant, then Partner B who works 40% of the assignment will pay 60% of the monthly premium cost for any health coverage elected.

**9. Do I retain my employer-paid Basic Life and AD&D insurance when in a job share assignment?**

Yes, this coverage will remain in effect for a job share employee who is in paid status in a monthly salaried position. The benefit is equal to one times your annual salary and increases to twice your annual salary should you die in an accident.

## 10th and Monthly Rates

Plan	Tier	Monthly	Tenthly
UHC Network 1	Single	\$692.00	\$830.40
	Two-Party	\$1,365.00	\$1,638.00
	Family	\$1,917.00	\$2,300.40
UHC Network 2	Single	\$935.00	\$1,122.00
	Two-Party	\$1,851.00	\$2,221.20
	Family	\$2,600.00	\$3,120.00
UHC PPO	Single	\$939.00	\$1,126.80
	Two-Party	\$1,830.00	\$2,196.00
	Family	\$2,558.00	\$3,069.60
Alliance	Single	\$708.00	\$849.60
	Two-Party	\$1,337.00	\$1,604.40
	Family	\$1,862.00	\$2,234.40
Kaiser	Single	\$632.00	\$758.40
	Two-Party	\$1,247.00	\$1,496.40
	Family	\$1,758.00	\$2,109.60
UHC Journey-Harmony	Single	\$598.00	\$717.60
	Two-Party	\$1,178.00	\$1,413.60
	Family	\$1,638.00	\$1,965.60
Delta PPO	Supercomposite	\$78.00	\$93.60
DeltaCare USA	Supercomposite	\$35.60	\$42.72
Western Dental	Supercomposite	\$30.04	\$36.05
VSP	Supercomposite	\$8.00	\$9.60

## Job Share Splits- Medical

UHC HMO Network 1 - Single										UHC HMO Network 1 - Two-Party			UHC HMO Network 1 - Family		
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer						
20	\$830.40	\$664.32	\$166.08	\$1,638.00	\$1,310.40	\$327.60	\$2,300.40	\$1,840.32	\$460.08						
30	\$830.40	\$581.28	\$249.12	\$1,638.00	\$1,146.60	\$491.40	\$2,300.40	\$1,610.28	\$690.12						
40	\$830.40	\$498.24	\$332.16	\$1,638.00	\$982.80	\$655.20	\$2,300.40	\$1,380.24	\$920.16						
50	\$830.40	\$415.20	\$415.20	\$1,638.00	\$819.00	\$819.00	\$2,300.40	\$1,150.20	\$1,150.20						
60	\$830.40	\$332.16	\$498.24	\$1,638.00	\$655.20	\$982.80	\$2,300.40	\$920.16	\$1,380.24						
70	\$830.40	\$249.12	\$581.28	\$1,638.00	\$491.40	\$1,146.60	\$2,300.40	\$690.12	\$1,610.28						
80	\$830.40	\$166.08	\$664.32	\$1,638.00	\$327.60	\$1,310.40	\$2,300.40	\$460.08	\$1,840.32						
90	\$830.40	\$83.04	\$747.36	\$1,638.00	\$163.80	\$1,474.20	\$2,300.40	\$230.04	\$2,070.36						
UHC HMO Network 2 - Single										UHC HMO Network 2 - Two-Party			UHC HMO Network 2 - Family		
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer						
20	\$1,122.00	\$897.60	\$224.40	\$2,221.20	\$1,776.96	\$444.24	\$3,120.00	\$2,496.00	\$624.00						
30	\$1,122.00	\$785.40	\$336.60	\$2,221.20	\$1,554.84	\$666.36	\$3,120.00	\$2,184.00	\$936.00						
40	\$1,122.00	\$673.20	\$448.80	\$2,221.20	\$1,332.72	\$888.48	\$3,120.00	\$1,872.00	\$1,248.00						
50	\$1,122.00	\$561.00	\$561.00	\$2,221.20	\$1,110.60	\$1,110.60	\$3,120.00	\$1,560.00	\$1,560.00						
60	\$1,122.00	\$448.80	\$673.20	\$2,221.20	\$888.48	\$1,332.72	\$3,120.00	\$1,248.00	\$1,872.00						
70	\$1,122.00	\$336.60	\$785.40	\$2,221.20	\$666.36	\$1,554.84	\$3,120.00	\$936.00	\$2,184.00						
80	\$1,122.00	\$224.40	\$897.60	\$2,221.20	\$444.24	\$1,776.96	\$3,120.00	\$624.00	\$2,496.00						
90	\$1,122.00	\$112.20	\$1,009.80	\$2,221.20	\$222.12	\$1,999.08	\$3,120.00	\$312.00	\$2,808.00						
UHC PPO - Single										UHC PPO - Two-Party			UHC PPO - Family		
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer						
20	\$1,126.80	\$901.44	\$225.36	\$2,196.00	\$1,756.80	\$439.20	\$3,069.60	\$2,455.68	\$613.92						
30	\$1,126.80	\$788.76	\$338.04	\$2,196.00	\$1,537.20	\$658.80	\$3,069.60	\$2,148.72	\$920.88						
40	\$1,126.80	\$676.08	\$450.72	\$2,196.00	\$1,317.60	\$878.40	\$3,069.60	\$1,841.76	\$1,227.84						
50	\$1,126.80	\$563.40	\$563.40	\$2,196.00	\$1,098.00	\$1,098.00	\$3,069.60	\$1,534.80	\$1,534.80						
60	\$1,126.80	\$450.72	\$676.08	\$2,196.00	\$878.40	\$1,317.60	\$3,069.60	\$1,227.84	\$1,841.76						
70	\$1,126.80	\$338.04	\$788.76	\$2,196.00	\$658.80	\$1,537.20	\$3,069.60	\$920.88	\$2,148.72						
80	\$1,126.80	\$225.36	\$901.44	\$2,196.00	\$439.20	\$1,756.80	\$3,069.60	\$613.92	\$2,455.68						
90	\$1,126.80	\$112.68	\$1,014.12	\$2,196.00	\$219.60	\$1,976.40	\$3,069.60	\$306.96	\$2,762.64						

## Job Share Splits- Medical

UHC Alliance - Single				UHC Alliance - Two-Party			UHC Alliance - Family		
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer
20	\$849.60	\$679.68	\$169.92	\$1,604.40	\$1,283.52	\$320.88	\$2,234.40	\$1,787.52	\$446.88
30	\$849.60	\$594.72	\$254.88	\$1,604.40	\$1,123.08	\$481.32	\$2,234.40	\$1,564.08	\$670.32
40	\$849.60	\$509.76	\$339.84	\$1,604.40	\$962.64	\$641.76	\$2,234.40	\$1,340.64	\$893.76
50	\$849.60	\$424.80	\$424.80	\$1,604.40	\$802.20	\$802.20	\$2,234.40	\$1,117.20	\$1,117.20
60	\$849.60	\$339.84	\$509.76	\$1,604.40	\$641.76	\$962.64	\$2,234.40	\$893.76	\$1,340.64
70	\$849.60	\$254.88	\$594.72	\$1,604.40	\$481.32	\$1,123.08	\$2,234.40	\$670.32	\$1,564.08
80	\$849.60	\$169.92	\$679.68	\$1,604.40	\$320.88	\$1,283.52	\$2,234.40	\$446.88	\$1,787.52
90	\$849.60	\$84.96	\$764.64	\$1,604.40	\$160.44	\$1,443.96	\$2,234.40	\$223.44	\$2,010.96
Kaiser - Single				Kaiser - Two-Party			Kaiser - Family		
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer
20	\$758.40	\$606.72	\$151.68	\$1,496.40	\$1,197.12	\$299.28	\$2,109.60	\$1,687.68	\$421.92
30	\$758.40	\$530.88	\$227.52	\$1,496.40	\$1,047.48	\$448.92	\$2,109.60	\$1,476.72	\$632.88
40	\$758.40	\$455.04	\$303.36	\$1,496.40	\$897.84	\$598.56	\$2,109.60	\$1,265.76	\$843.84
50	\$758.40	\$379.20	\$379.20	\$1,496.40	\$748.20	\$748.20	\$2,109.60	\$1,054.80	\$1,054.80
60	\$758.40	\$303.36	\$455.04	\$1,496.40	\$598.56	\$897.84	\$2,109.60	\$843.84	\$1,265.76
70	\$758.40	\$227.52	\$530.88	\$1,496.40	\$448.92	\$1,047.48	\$2,109.60	\$632.88	\$1,476.72
80	\$758.40	\$151.68	\$606.72	\$1,496.40	\$299.28	\$1,197.12	\$2,109.60	\$421.92	\$1,687.68
90	\$758.40	\$75.84	\$682.56	\$1,496.40	\$149.64	\$1,346.76	\$2,109.60	\$210.96	\$1,898.64
UHC Journey-Harmony - Single				UHC Journey-Harmony - Two-Party			UHC Journey-Harmony - Family		
Split	Single	Employee	Employer	Two-Party	Employee	Employer	Family	Employee	Employer
20	\$717.60	\$574.08	\$143.52	\$1,413.60	\$1,130.88	\$282.72	\$1,965.60	\$1,572.48	\$393.12
30	\$717.60	\$502.32	\$215.28	\$1,413.60	\$989.52	\$424.08	\$1,965.60	\$1,375.92	\$589.68
40	\$717.60	\$430.56	\$287.04	\$1,413.60	\$848.16	\$565.44	\$1,965.60	\$1,179.36	\$786.24
50	\$717.60	\$358.80	\$358.80	\$1,413.60	\$706.80	\$706.80	\$1,965.60	\$982.80	\$982.80
60	\$717.60	\$287.04	\$430.56	\$1,413.60	\$565.44	\$848.16	\$1,965.60	\$786.24	\$1,179.36
70	\$717.60	\$215.28	\$502.32	\$1,413.60	\$424.08	\$989.52	\$1,965.60	\$589.68	\$1,375.92
80	\$717.60	\$143.52	\$574.08	\$1,413.60	\$282.72	\$1,130.88	\$1,965.60	\$393.12	\$1,572.48
90	\$717.60	\$71.76	\$645.84	\$1,413.60	\$141.36	\$1,272.24	\$1,965.60	\$196.56	\$1,769.04



***Job Share - Benefit Rates - Plan Year 2020\_FINAL Job Shr Splt - Dent and Vision***

<b>Delta Dental PPO</b>				<b>DeltaCare USA</b>			<b>Western Dental</b>		
<b>Split</b>	<b>Rate</b>	<b>Employee</b>	<b>Employer</b>	<b>Rate</b>	<b>Employee</b>	<b>Employer</b>	<b>Rate</b>	<b>Employee</b>	<b>Employer</b>
20	\$93.60	\$74.88	\$18.72	\$42.72	\$34.18	\$8.54	\$36.05	\$28.84	\$7.21
30	\$93.60	\$65.52	\$28.08	\$42.72	\$29.90	\$12.82	\$36.05	\$25.23	\$10.82
40	\$93.60	\$56.16	\$37.44	\$42.72	\$25.63	\$17.09	\$36.05	\$21.63	\$14.42
50	\$93.60	\$46.80	\$46.80	\$42.72	\$21.36	\$21.36	\$36.05	\$18.02	\$18.03
60	\$93.60	\$37.44	\$56.16	\$42.72	\$17.09	\$25.63	\$36.05	\$14.42	\$21.63
70	\$93.60	\$28.08	\$65.52	\$42.72	\$12.82	\$29.90	\$36.05	\$10.81	\$25.24
80	\$93.60	\$18.72	\$74.88	\$42.72	\$8.54	\$34.18	\$36.05	\$7.21	\$28.84
90	\$93.60	\$9.36	\$84.24	\$42.72	\$4.27	\$38.45	\$36.05	\$3.60	\$32.45
<b>VSP</b>									
<b>Split</b>	<b>Rate</b>	<b>Employee</b>	<b>Employer</b>						
20	\$9.60	\$7.68	\$1.92						
30	\$9.60	\$6.72	\$2.88						
40	\$9.60	\$5.76	\$3.84						
50	\$9.60	\$4.80	\$4.80						
60	\$9.60	\$3.84	\$5.76						
70	\$9.60	\$2.88	\$6.72						
80	\$9.60	\$1.92	\$7.68						
90	\$9.60	\$0.96	\$8.64						