

# **JOB SHARE PROPOSAL FORM 2019-2020**

ONE FORM MUST BE SUBMITTED BY EACH TEACHER

**INFORMATION MAY BE ENTERED BY COMPUTER IN THE TEXT BOXES AND GRAY AREAS BELOW.  
PLEASE DO NOT SUBMIT DOCUMENTS OTHER THAN THESE FORMS AS THEY WILL NOT BE ACCEPTED.**

Name Employee ID#

School Grade/Subject

Job Share Partner's Name Principal

*Double click on a blank square to enter a check-marked square.*

- Continue** job sharing with **same** partner     **Continue** job sharing with a **new** partner  
 **Same** building/department for next year     **Different** building/department for next year  
 **Same** grade/subject for next year     **Different** grade/subject for next year  
 **I am a new Job Share teacher.**     Partner is Job Sharing now.     Partner is full-time now.

**Impact** – Explain how job sharing will impact the instructional program.

**Teaching performance** – How will you do the following: share teaching responsibilities, develop lesson plans, attend meetings, communicate with your partner, assess student work, manage behavior, contact parents?

**Management Activities** – Explain your plan to develop classroom rules, expectations and consequences with your job share partner. How will you establish routines and orient yourselves with your students and parents?

**Work Schedule** – Provide a brief summary of your plan for your schedule. Do you plan on covering for each other in the case of a short term absence?

**Please delineate your work schedule using the proposed calendar form included in this packet.**

\_\_\_\_\_  
Teacher's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's signature (If Elem. Art, Music, PE; ESL, Spec. Ed., Library, School Counselor, etc.)

\_\_\_\_\_  
Date

Please submit this form and one proposed calendar ***for each job share partner.*** **Please staple the PROPOSAL on top of the PROPOSAL CALENDAR.** Feel free to use additional sheets of paper if you need more space. **The Job Share Proposal and Proposal Calendar are due to Human Resources, ATTN: Employment and Staffing by **Tuesday, January 15, 2019.****

## **IMPORTANT INFORMATION**

“Teacher” refers to any teacher, nurse, librarian, school guidance counselor, school psychologist, occupational therapist, speech pathologist, physical therapist, social worker, or other position title which holds a one year limited or continuing contract and is a member of the CEA bargaining unit. Requests must be for a full contract year and must be for two teachers to do one full-time job. Teachers interested in job sharing must complete a proposal form describing their job sharing activities plan for the 2019-2020 school year to the building principal or program supervisor for approval and to Human Resources no later than **Tuesday, January 15, 2019.**

**A SEPARATE PROPOSAL FOR EACH JOB SHARE TEACHER** must include a calendar marking the **proposed** workdays for the job share teacher during the 2019-2020 school year. By mid-June 2020 each job share teacher must submit a second (Verification) calendar showing the **actual days worked** which must be signed by the job share teacher and the principal or department supervisor to be considered for a salary step. In order to qualify for a year of experience for salary credit, each teacher must work 120 or more school days each of the two school years, for a total no less than 240 days in two school years. Verification Calendars for salary credit are available on the CCS Intranet under the Human Resources link.

- Each year, a proposal must be submitted by a *current employee who is a CEA bargaining unit member and who holds a one year limited or continuing contract and wishes to job share.* **Job sharing cannot be proposed by a person who is not currently working under a teacher contract for the district.**
- Please complete your proposal and calendar and submit one proposal and calendar for each job share partner.
- **PLEASE NOTIFY HUMAN RESOURCES USING THE ATTACHED FORM IF YOU INTEND TO DISSOLVE YOUR JOB SHARE PARTNERSHIP AND RETURN TO FULL TIME STATUS.** If you plan to return to full time status and were not “selected” at your current building assignment through the Article 211 transfer process (prior to job sharing), you will be considered “staff reduced” and must be interviewed and selected for a full-time position; otherwise you will be required to attend the Job Fair or be assigned by Human Resources.
- DO NOT SUBMIT A PROPOSAL FOR A SUBJECT OR GRADE LEVEL OUTSIDE OF YOUR CERTIFICATION OR LICENSE AREA.

Final approval of a job sharing request will be made by the Superintendent or his/her designee. Any teacher who accepts a job sharing arrangement does so with full understanding of the following stipulations:

### **Contract Status**

When two teachers request to job share, they are requesting that one job share partnership be divided into two half-time jobs that equate to one full-time job.

The two employees agreeing to a job sharing arrangement must accept a change in contract status. A change in contract status could have serious ramifications for future employment as delineated below and deserves careful consideration by both parties involved prior to entering into a job sharing arrangement.

- Job sharing partners shall have their contracts reduced to 50%. The status of a limited contract or a continuing contract for teachers is not affected by this reduction.
- If either one of the job sharing partners becomes unavailable to cover their share of the job for any reason, including jury duty, reassignment, resignation, retirement, lay-off, termination, non-renewal, or

paid or unpaid leave, the remaining job sharing partner may be required to cover full time or be subject to the forfeiture of his/her contract.

- Job sharing teachers who have accepted half-time contracts have no guarantee that they can return to full-time contract status at the time of their choosing. While the district will attempt to honor such requests to return to full-time status, the availability of jobs, lay-offs, and other contractual or legal requirements may prohibit the return to full-time status at the time of their request.
- Job sharing teachers shall forfeit their rights to apply for transfers during the Article 211 process each spring; however, if a teacher will be returning to full time (see notification form attached), they may participate in the Article 211 transfer process.

### **Professional Development Attendance Requirement**

You must attend half of the Professional Development days.

### **Salary**

The salary for each job sharing partner will be 50% of his/her full-time salary.

### **Credit on the Salary Schedule**

A teacher must work 120 or more school days each of the two school years, for a total no less than 240 days in two school years. The 120 days may be full or half school days within each of two schools years to qualify for one year on the salary schedule.

**Winter break days are not counted. Count all spring break days.**

### **Calamity Days**

If a calamity day occurs during your scheduled days to work, you may count that day as a service day. Any "make-up" days may not be counted if you were already paid for a calamity day that occurred during your work schedule.

You may count make up days if you were not scheduled to work during the calamity day and you did not count that calamity day toward your 120 days total for that year.

### **Medical, Dental, Vision and Term Life Insurance**

**Each job share partner will be expected to pay a Job Share Percentage of 50% towards their benefits if they elect to obtain them. The job share teacher rates are attached to this packet for your review. PLEASE CONTACT THE BENEFITS OFFICE at [benefitquestions@columbus.k12.oh.us](mailto:benefitquestions@columbus.k12.oh.us) IF YOU HAVE ANY QUESTIONS ABOUT YOUR CONTRIBUTION AMOUNT.**

### **Article 213 - Job Sharing**

**213.01** Teachers may be granted job sharing opportunities annually subject to approval of the building principal, Superintendent/designee and the Board. The salary and Board cost for insurance fringe benefits (Articles 806, 807, 808 and 809) will be prorated for job sharers based on their share of 1.0 FTE, effective at the beginning of the 2010–11 school year.

**806.04** The Board shall contribute the amounts derived from the following percentages toward the monthly funding ("premium") cost for health benefits for one-half time or more teachers and for full-time hourly professional employees based on the "benchmark plan." **The "benchmark plan" is the PPO** unless and until the plans are changed by the Joint CEA/Board of Education Insurance Committee. If the Joint CEA/Board of Education Insurance Committee offers three or more plans, the "benchmark plan" will be the second to lowest cost plan.

### **Sick Leave**

Job sharing teachers shall accrue half of sick leave per contract year per the CEA contract. Sick leave use will be charged based on the time absent from work.

### **Absences**

If a job share partner needs to be off for short term (less than 16 days) sick leave or personal leave, the cooperating job share partner is expected to cover for the absent partner. If job share partners "pay back" each other for days they covered for time off, they will not be charged for an absence. If the job share teacher is **unable** to cover the absence of their job share partner, a substitute teacher may be requested to cover for a **full** day. If a substitute teacher cannot be scheduled to cover the class, it must be divided among the classroom teachers (article 209.04).

### **Personal Leave**

Job sharing teachers shall accrue personal leave at one day per contract year.

### **Severance Pay**

All severance pay formulas for teachers (Collective Bargaining Agreement) are based on the **daily rate of pay at the time of retirement**. The daily rate of pay is determined by dividing your contract salary (1/2 for job share teachers) at the time of retirement by 195.

### **Seniority**

Teacher seniority is based on uninterrupted service and most recent hire date and will not be affected by accepting a half-time contract.

### **Retirement Credit**

Working less than full time may negatively impact your retirement income and eligibility. For additional information regarding this matter, please contact the State Teachers Retirement System of Ohio (STRS) at 1-888-227-7877.

### **Schedule**

**Please note:** you must serve 120 or more school days each of the two school years in order to receive a year of salary credit.

**There are many ways to obtain 120 or more school days served within a year. Additionally, there are many ways Job Share Partners can split their schedules. Please be sure to work with your Principal to identify a schedule which will best meet the needs of your classroom.**

*This document represents an attempt to clarify the key issues in a job-sharing arrangement. The job sharing program and any item not addressed in this document, shall be processed according to Board policy, the Collective Bargaining Agreement, prevailing law, and/or the school system's practices.*



## Job Share Teachers

### 2019 Employee Benefit Contributions Per Pay

#### Medical

21 Pay Plan	Select	Choice
Job Share Percentage	50%	50%
Employee only	247.97	256.31
Employee plus Child	494.45	511.08
Employee plus Spouse (grandfathered rates)**	494.45	511.08
Employee plus Spouse*	582.57	599.20
Employee plus Children	729.53	754.08
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	729.53	754.08
Family (Employee plus Spouse and child(ren))*	859.54	884.09

26 Pay Plan	Select	Choice
Job Share Percentage	50%	50%
Employee only	200.28	207.02
Employee plus Child	399.36	412.80
Employee plus Spouse (grandfathered rates)**	399.36	412.80
Employee plus Spouse*	470.54	483.97
Employee plus Children	589.24	609.06
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	589.24	609.06
Family (Employee plus Spouse and child(ren))*	694.24	714.07

\*CEA bargaining unit members or Administrators hired after May 31, 2009 will pay a higher rate contribution to include their spouse for Health Coverage.

\*\* CEA bargaining unit members or Administrators as of May 31, 2009, who have continuously covered their spouse on their health coverage since May 31, 2009, shall be allowed to continue Spousal coverage at these lower rates during their continuous employment with the district.

Dental Coverage			Vision Coverage	
Job Share Percentage	50%		Job Share Percentage	50%
21 Pay - Employee only	21.89		21 Pay - Employee only	2.22
21 Pay - Family Coverage	21.89		21 Pay - Family Coverage	2.22
26 Pay - Employee only	17.68		26 Pay - Employee only	1.79
26 Pay - Family Coverage	17.68		26 Pay - Family Coverage	1.79

#### Supplemental Life Insurance (\$25,000)

21 Pay Plan	2.94
26 Pay Plan	2.38

## Job Share Teachers

## PROPOSAL CALENDAR 2019 – 2020

Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Grade Level / Subject: \_\_\_\_\_ School / Dept: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My work schedule for this school year is marked as follows:

**X - Work full day**    **A - Work half day in the morning**    **P – Work half day in the afternoon**

**\*\*\*NOTE: SHADED DAYS ARE DAYS SCHOOL IS CLOSED BASED ON THE PROPOSED CALENDAR. THESE DATES HAVE NOT BEEN APPROVED BY THE BOARD AND ARE SUBJECT TO CHANGE UPON BOARD REVIEW.\*\*\***

August 2019					September 2019					October 2019					Total August - Oct
M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	
			1	2	2	3	4	5	6		1	2	3	4	
5	6	7	8	9	9	10	11	12	13	7	8	9	10	11	
12	13	14	15	16	16	17	18	19	20	14	15	16	17	18	
19	20	21	22	23	23	24	25	26	27	21	22	23	24	25	
26	27	28	29	30	30					28	29	30	31		

  

November 2019					December 2019					January 2020					February 2020					Total Nov - Feb
M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	
				1	2	3	4	5	6			1	2	3						
4	5	6	7	8	9	10	11	12	13	6	7	8	9	10	3	4	5	6	7	
11	12	13	14	15	16	17	18	19	20	13	14	15	16	17	10	11	12	13	14	
18	19	20	21	22	23	24	25	26	27	20	21	22	23	24	17	18	19	20	21	
25	26	27	28	29	30	31				27	28	29	30	31	24	25	26	27	28	

  

March 2020					April 2020					May 2020					Total Mar - May
M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	
2	3	4	5	6			1	2	3					1	
9	10	11	12	13	6	7	8	9	10	4	5	6	7	8	
16	17	18	19	20	13	14	15	16	17	11	12	13	14	15	
23	24	25	26	27	20	21	22	23	24	18	19	20	21	22	
30	31				27	28	29	30		25	26	27	28	29	

A half day worked counts as 1 day toward the 120 day minimum required in one year.

Grand Total:
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**PRINCIPAL / SUPERVISOR, PLEASE COMPLETE THE FOLLOWING INFORMATION:**

Name: \_\_\_\_\_ School / Program: \_\_\_\_\_ FAC# \_\_\_\_\_  
Print Name of Principal / Supervisor

I approve this proposed calendar by the teacher named above to work this schedule for the 2019-2020 school year. The schedule indicates the teacher will attain the 120 day minimum requirement in one year. I have also checked their certification/licensure to guarantee that the teacher named above is qualified for the above position.

Principal / Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# REQUEST TO RETURN TO FULL TIME

To be eligible to return to full time, this form must be completed and signed by the Teacher and Principal or Supervisor and be submitted to Human Resources no later than Tuesday, January 15, 2019. Full time requests will be awarded based on positions available.

Please **print Name** and **Employee ID#** of TEACHER requesting full-time employment in 2019-2020. INCLUDE an email address for notification.

First Name	Last Name	ID#	Work Location
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**Email Address:**

**Please Print** Name of Job Share Partner, if applicable: Include status of partner for next school year. (i.e., continue job sharing with another partner, resigned/retired, returning to full-time, etc.)

Please **PRINT** Name of Principal/Supervisor:

Signature of Principal/Supervisor:

DATE

Signature of Teacher:

Approval by Human Resources:

NOTES:



# Job Share Teachers – VERIFICATION FORM 2019 – 2020

Job Share Teachers must submit this form to Human Resources every year.

Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Grade Level / Subject: \_\_\_\_\_ School / Dept: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My work schedule for this school year is marked as follows:

**X - Work full day**    **A - Work half day in the morning**    **P – Work half day in the afternoon**

**\*\*\*NOTE: SHADED DAYS ARE DAYS SCHOOL IS CLOSED BASED ON THE PROPOSED CALENDAR. THESE DATES HAVE NOT BEEN APPROVED BY THE BOARD AND ARE SUBJECT TO CHANGE UPON BOARD REVIEW. \*\*\***

August 2019				
M	T	W	R	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

September 2019				
M	T	W	R	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

October 2019				
M	T	W	R	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

Total August - Oct
--------------------------

November 2019				
M	T	W	R	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

December 2019				
M	T	W	R	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

January 2020				
M	T	W	R	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

February 2020				
M	T	W	R	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

Total Nov - Feb
-----------------------

March 2020				
M	T	W	R	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

April 2020				
M	T	W	R	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

May 2020				
M	T	W	R	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

Total Mar - May
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A minimum of 120 days must be served within each of two school years to qualify for 1 step on the salary schedule.

**PRINCIPAL / SUPERVISOR, PLEASE COMPLETE THE FOLLOWING INFORMATION:**

Name: \_\_\_\_\_ School / Program: \_\_\_\_\_ FAC# \_\_\_\_\_  
Print Name of Principal / Supervisor

I verify that the person named above worked \_\_\_\_\_ days as indicated on the above calendar.  
\*actual number of days\*

Principal / Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Date must be on or after last day worked.

\*Any scheduled day, whether it is a half day worked, paid sick leave, or a paid holiday, counts as ONE DAY worked.

**Please submit this form to Human Resources no later than June 14, 2019.**