

**Job Share Teachers
PROPOSAL CALENDAR 2020 – 2021**

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

November 2020					December 2020					January 2021					February 2021					Total Nov - Feb
M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	
2	3	4	5	6		1	2	3	4					1	1	2	3	4	5	
9	10	11	12	13	7	8	9	10	11	4	5	6	7	8	8	9	10	11	12	
16	17	18	19	20	14	15	16	17	18	11	12	13	14	15	15	16	17	18	19	
23	24	25	26	27	21	22	23	24	25	18	19	20	21	22	22	23	24	25	26	
30					28	29	30	31		25	26	27	28	29						

March 2021					April 2021					May 2021					Total Mar - May
M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	
1	2	3	4	5				1	2	3	4	5	6	7	
8	9	10	11	12	5	6	7	8	9	10	11	12	13	14	
15	16	17	18	19	12	13	14	15	16	17	18	19	20	21	
22	23	24	25	26	19	20	21	22	23	24	25	26	27	28	
29	30	31			26	27	28	29	30	31					

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

Grand Total:

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 2020-2021 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: _____