



JOB SHARE AGREEMENT

Job Share Location: _____

Job Share Position: _____

Job Share Employee: (Name) _____

Job Share Employee: (Name) _____

The following employees have agreed to job share for the current school year. Coordination of work schedules, PD days, District holidays, lesson plans, parent/teacher conference night, and planning time has been completed by both parties. Copies of the job share guidelines and agreement are on file on the campus and in Human Resource Services.

Circle the desired Job Share arrangement:

Option #1	Option #2	Option #3
Employee A: M-7.5 hours W-7.5 hours F-3.75 hours Employee B: T-7.5 hours Th-7.5 hours F-3.75 hours *Eligible for medical and supplemental benefits.	Employee A: M-F (A.M.) 3.75 hours a day Employee B: M-F (P.M.) 3.75 hours a day * Eligible for medical and supplemental benefits.	Employee A: M-F 7.5 hours a day Alternate weeks Employee B: M-F 7.5 hours a day Alternate weeks * NOT eligible for medical or supplemental benefits.

***Any other Job Share arrangement will be considered only in consultation with the Assistant Superintendent of Human Resources.**

This agreement approved by the following parties:

Employee 1: _____ Date: _____

Employee 2: _____ Date: _____

Principal/Supervisor: _____ Date: _____

Asst. Supt., Human Resources: _____ Date: _____

To be deemed in effect, this form must have all necessary signatures and be submitted to Dr. Jennifer Stoecker, Assistant Superintendent, Human Resource Services.