

TRACY UNIFIED SCHOOL DISTRICT
CLASSIFIED CONFIDENTIAL DAYS OF SERVICE CALENDAR
2025-26

NAME: _____ SITE/DEPT: _____

CIRCLE the days you DO NOT plan to work, have your supervisor sign, and return all copies to the Human Resources Office by **Wednesday, June 4, 2025**.

JULY

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

Possible _____ 22
 # WORKING _____

AUGUST

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

Possible _____ 21
 # WORKING _____

SEPTEMBER

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

Possible _____ 21
 # WORKING _____

OCTOBER

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

Possible _____ 23
 # WORKING _____

NOVEMBER

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

Possible _____ 17
 # WORKING _____

DECEMBER

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

Possible _____ 21
 # WORKING _____

JANUARY

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

Possible _____ 20
 # WORKING _____

FEBRUARY

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

Possible _____ 18
 # WORKING _____

MARCH

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

Possible _____ 22
 # WORKING _____

APRIL

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

Possible _____ 20
 # WORKING _____

MAY

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

Possible _____ 20
 # WORKING _____

JUNE

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

Possible _____ 21
 # WORKING _____

For the line below, 'Number of Contracted Days' refers to days of service as noted on the TSMA salary placement schedule. Holidays are deducted from this number, to obtain your 'Must Equal' number. The 'Must Equal' number is the number of days you will be working.

NUMBER OF CONTRACT DAYS _____ -15 Holidays (Must Equal _____)

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Approved by _____ Date _____

Associate Supt. For Human Resources (or designee)