

PROJECTED HOURS FOR 2026-2027 FOR 10/11-MONTH EMPLOYEES

Employee Name: _____

School/location: _____

It is the District's intention to notify each Classified Professional about their work hours and days for the 2026-2027 school year. While it is our hope to make these notifications as accurate as possible, please understand that the District has no way of knowing what total allocations it will receive from the State. This depends on budgets, the Oregon Legislature, and allocations by the Federal Government.

- You will work a total of _____ hours per day. (Lunch is non paid time.)
- You will report to work at _____, and may leave at _____.
- You will begin work on:
 - ☐ Monday, August 3, 2026 (11 month Administrative Assistants)
 - ☐ Monday, August 17, 2026 (10 Month Administrative Assistants)
 - ☐ Tuesday, August 11, 2026 (IT Specialists)
 - ☐ Tuesday, August 25, 2026 (Nutrition Services)
 - ☐ Thursday, August 27, 2026 (Paraeducators)
 - ☐ Other: _____
- Your last day of work for the 2026-2027 school year is**:
 - ☐ Friday, June 11, 2027 (Primary Nutrition Services & Paraeducators)
 - ☐ Monday, June 14, 2027 (Secondary Nutrition Services & Paraeducators)
 - ☐ Monday, June 21, 2027 (IT Specialists)
 - ☐ Friday, June 25, 2027 (10 month Administrative Assistants)
 - ☐ Wednesday, June 30, 2027 (11 month Administrative Assistants)
 - ☐ Other: _____
- Days that you will not work are:
 - ☐ Non-student contact days (with the exception of August 27 and September 25 for Paraeducators)
 - ☐ Non-student contact days (with the exception of August, 25, August 26, August 27 and August 31 for Nutrition Services)
 - ☐ Non-contract Days (with the exception of August 28, August 31 and October 16 - Admin. Assistants)
- Your paid holidays are as indicated in Article 14 of the OSEA Contract.
- You will receive Paid Vacation Days according to Article 13 of the OSEA Contract.

I understand that this Agreement was made by my supervisor to the best of his or her information at the time and could change during the school year, and I will be notified of any changes in a timely fashion by the District.

Employee Signature

Date

Supervisor Signature

Date

****Please note: in the event of inclement weather school closure, days will be added on to the end of the school year and the last day worked will change.**