



Reduced Workload Program/Job Share Partner Enrollment Form

2022–2023
Due May 1, 2022

Please return Job Share Agreement, Health & Benefits form to Jeane Kline at jkline@sandi.net

New _____ Renewal _____

Reduced Workload Employee

Name _____ Employee ID # _____

Email: _____ Current Site Location: _____

Proposed Instructional 2022-2023 Schedule

School Site: _____ Grade Level/Assignment: _____ FTE/%: _____

RWL Employee Signature: _____ Date: _____

Job Share Employee

Name _____ Employee ID # _____

Email: _____ Current Site Location: _____

Proposed Instructional 2022-2023 Schedule

School Site: _____ Grade Level/Assignment: _____ FTE/%: _____

Job Share Employee Signature: _____ Date: _____

Please ensure that the calendar reflects a minimum of **50% FTE** for **Reduced Workload employees**. I agree to the requirements of the program as described in Article 31 of the Collective Negotiations Contract. I further understand that I shall be required to resign upon conclusion of the tenth year of participation in the program.

Site Administrator Signature: _____ Date: _____

HR Representative Signature: _____ Date: _____

Outline of Responsibilities

According to Article 21.2.3: A written plan for a job sharing assignment shall be presented to the site administrator for approval by May 1 of each school year and referred to the appropriate circumstances, the May 1 deadline may be exceeded. (See also Appendix J.)

Please provide a written plan that addresses who will be responsible for filling the following requirements:

Administrative Circular 7342:

- Pupil program reporting/grading
- Parental contacts/communications
- Planning and preparations
- Scheduling and grouping
- Performance of responsibilities such as yard duty, supervision of aides, open house and PTA functions
- Departmental/grade-level meetings
- Faculty meetings
- Extracurricular duties
- Intended work schedule for the school year (including calendars to show that both participants will work the required days)
- Method of covering short-term absences of a job-sharing partner

I acknowledge that upon termination of the job share assignment, the participant with the required credential and greater district seniority will have the right of assignment to the budgeted position. This right may be waived if both partners stipulate to the waiver in their original job share agreement. The other participant will not have a right of seniority over other teachers who are regularly assigned to the cost center.

Both job share partners must initial on the same line below to assign rights of assignment.

Partner A Initials	Who has rights to the assignment upon termination	Partner B Initials
	As stipulated in the above paragraph	
	Partner A has right of assignment	
	Partner B has right of assignment	

I agree to the requirements of the program as outlined above and as described in Administrative Procedure 7342. Sign below only if you are a job share participant. **Reduced workload participant should not sign.**

Signature Partner A: _____ Date: _____

Signature Partner B: _____ Date: _____

Health Benefits for a Job Share/Reduced Workload Assignment Only

The following conditions apply for a job share assignment partner with a reduced workload partner:

1. Job share employees must pay for medical, dental, and/or vision coverage on a tenthly pro-rata basis, if coverage is desired.
2. Job share employees who elect coverage under any district-sponsored medical, dental and/or vision plan must make the required tenthly pro-rata contribution for the plan(s) selected through the end of the calendar year. If coverage continues into a subsequent calendar year, the required tenthly pro-rata contribution must be continued through the end of that calendar year.
3. District-paid basic life insurance coverage will remain in effect for a job share employee who is in paid status in a monthly salaried position. The benefit is equal to one times your annual salary.
4. Employees who elect not to participate in coverage under this provision will be eligible to enroll either on the first of the month following the first day of paid service in a benefits eligible assignment which is not a job share assignment or on the first of the month following the start of a new job share assignment.

To be completed by job share partner:

In accordance with the conditions specified above, as a job share partner, I agree to the following acceptance of the benefits package:

PLEASE NOTE: A job share partner participating in a specific benefit (i.e., medical), will pay a pro-rata share of the cost of coverage equivalent to their own position. (Pro-rata rate chart attached.)

Job Share Partner (non-reduced workload employee)

Job Share Partner Name: _____ ID: _____

Job Share Work Location: _____ Percentage of Job share assignment: _____

	Participate	Waive	Office Use Only
Medical			
Dental			
Vision			

Signature: _____

Date: _____