



REDUCED WORKLOAD PROGRAM/JOB SHARE PARTNER ENROLLMENT FORM

School Year 2018 - 2019

REDUCED WORKLOAD EMPLOYEE

Name _____ Employee ID # _____
Street Address _____ Daytime Phone Number _____
City, State and Zip Code _____ Present Site Location _____
E-mail Address _____

PROPOSED INSTRUCTIONAL SCHEDULE

Grade Level/Assignment/Program: _____ School site: _____
RWL Employee Signature: _____ **Date:** _____

JOB SHARE PARTNER

Name _____ Employee ID # _____
Street Address _____ Daytime Phone Number _____
City, State and Zip Code _____ Present Site Location _____
E-mail Address _____

PROPOSED INSTRUCTIONAL SCHEDULE

Grade Level/Assignment/Program: _____ School site: _____
Job Share Signature: _____ **Date:** _____

Please ensure that the calendar reflects a minimum of 50% of your current work year. 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: _____