

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: February 26, 2014

To: School Principals, Division and Department Heads, Child Development Center Administrators, and San Diego Education Association Representatives.

Subject: JOB SHARE PROGRAM

Department and/or Persons Concerned: Certificated Staff

Due Date: May 1, 2014

Reference: Article 21 of the Collective Negotiations Contract between the District and the San Diego Education Association (SDEA) and Administrative Procedure 7342

Action Requested: Disseminate information regarding the Job Share Program. Interested certificated employees submit application as described below.
Please print and post a copy of this circular.

Brief Explanation:

In accordance with Article 21 of the Collective Negotiations Contract between the San Diego Unified School District and the San Diego Education Association (SDEA), unit members may share their individual assignment with another unit member during the school year. Job sharing assignments allow two unit members to share one budgeted position. Unit members also have the option to submit a Job Share application with another unit member who is participating in the Reduced Workload Program.

Please note: the deadline for Reduced Work Load applications is March 1st of each year. Job Share partners may apply up to May 1st of each year.

The health and welfare benefits available to each unit member participating in a Job Share are determined by the actual time worked. For two unit members in a Job Share assignment, reference attachment 2.1 for information on health and welfare benefits. For a unit member in a Job Share assignment with a Reduced Workload partner, reference attachment 2.2 for information on health and welfare benefits and attachment 3 for Tenthly Pro-Rata Rate Chart. All assignments must be made with the mutual consent of the site administrator and the unit members involved in the Job Share assignment.

MAXIMUM PARTICIPATION

Job Share assignments are limited to a maximum of one percent of the full-time positions in the SDEA bargaining unit. Unit members in an assignment with a Reduced Workload partner shall not count towards the limit.

ELIGIBILITY

Unit members who are interested in participation in the Job Share Program must have permanent status with the district, hold the appropriate credential for the assignment, and have effective ratings on all elements of their most recent evaluation.

CONDITIONS OF PARTICIPATION

Job Share assignments shall be limited to a term of one school year, with renewal by mutual agreement of the principal/supervisor and the unit member(s) involved in the Job Share assignment.

Upon termination of the Job Share assignment, where one partner was not previously at the site, the unit member with the required credential and greater district seniority will have the right of assignment to the budgeted position unless otherwise stipulated in the outline of responsibilities (Attachment 2) agreement. The unit member without the right of assignment to the budgeted position may, by mutual agreement with the site administrator, be placed in another appropriate vacancy at the site/cost center. Absent mutual agreement, the unit member will participate in the post and bid process without priority consideration. If this does not result in an assignment, then the Human Resource Services Division (HRSD) will reassign the unit member.

If both Job Share partners were members of the site staff prior to the Job Share agreement, and there is a need to reduce staff at the site, then the provisions of Article 12, Section 12.7.3 and Section 12.7.4 of the SDEA contract will apply.

During the period of the Job Share assignment, absences shall be covered by the Job Share partner (with payment at the daily substitute rate) or by a district-provided visiting teacher. Trading of workdays by Job Share partners shall be at the discretion of the principal or designee. Absences shall be reported as the appropriate leave categories (e.g., sick leave and bereavement leave) and charged to the absent Job Share partner.

APPLICATION PROCEDURE

Permanent certificated employees submitting an application to participate in the Job Share Program shall identify their partner and the two shall jointly submit a completed Job Share Agreement (Attachment 1); Outline of Responsibilities (Attachment 2) and the health benefits forms (Attachments 2.1, 2.2 and 3). The site-approved Job Share application must be forwarded to HRSD for final approval.

The Job Share forms (Attachments 1, 2, 2.1, 2.2 and 3) can be printed from the San Diego Unified School District website at www.sandi.net. You can locate the forms by clicking "Staff" then click on "Administrative" then click "Bulletins and Circulars" and locate the number of the circular. Duplicate forms as needed. Prior to submitting your Job Share agreement, please review Administrative Procedure 7342. Job Share agreements should be submitted to HRT assigned to your area (see below), HRSD, Eugene Brucker Education Center, Room 1241.

Questions may be referred to your assigned certificated staffing support team.

Areas 1, 3, and 6

Ester Victorio at (619)725-8114 or evictorio@sandi.net

Areas 2, 4, 5, Library and Central Office

Penny Hempstead at (619) 725-8105 or phempstead@sandi.net

Areas CDC, ECE, VAPA, P.E., Nursing, and Special Education

Ann Cato at (619) 725-8032 or acato@sandi.net

To obtain a list of unit members interested in a possible Job Share assignment, or to add your name to the list, please contact your certificated support staff listed above.

Questions regarding health benefits may be referred to The Employee Benefits Department at (619) 725-8130.

Bernadette Nguyen
Interim Chief Human Resources Officer

APPROVED:



BN:ac

Attachments (5)

Distribution: Lists A, C, D, E, F, H and S



**JOB SHARE PROGRAM
SCHOOL YEAR 2014 – 2015**

NEW
 RENEWAL

Please return Job Share Agreement,
Health & Benefits form to: Human
Resource Services Division
Eugene Brucker Ed. Center
Room 1241, HRSD

**JOB SHARE AGREEMENT
NAMES OF PARTICIPANTS**

REQUIRED Partner A	REQUIRED Partner B
<i>Initial One</i> Job Share _____ Reduced Workload _____	<i>Initial One</i> Job Share _____ Reduced Workload _____
Partner A _____	Partner B _____
Employee ID # _____	Employee ID # _____
Present site location and assignment _____	Present site location and assignment _____
Daytime Phone: _____	Daytime Phone: _____
Home Address: _____	Home Address: _____
Email Address: _____	Email Address: _____
INSTRUCTIONAL SCHEDULE FOR 2014-15	INSTRUCTIONAL SCHEDULE FOR 2014-15
School and Assignment Percentage (%): _____	School and Assignment Percentage (%): _____
Grade Level/Assignment Program: _____	Grade Lever/Assignment Program: _____

BENEFIT TO DISTRICT/STUDENTS

OUTLINE OF RESPONSIBILITIES

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.

When there are two job share partners and one partner is coming from another site or program they agree that the right of assignment to the positions will be:

____/____ **As stipulated in the above paragraph**
____/____ **Partner A**
____/____ **Partner B**

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: _____ **Date:** _____
Partner A

Signature: _____ **Date:** _____
Partner B

- Approved**
- Disapproved**

Principal/Supervisor

Payroll/Benefits Department

Human Resources Officer, HRSD

**HEALTH BENEFITS FOR JOB SHARE
ASSIGNMENT**

The following conditions apply to the two employees in a job share assignment:

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 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 annual salary.
4. **Job share employees may waive all of their percentage participation in each of the three health insurance programs (medical, dental and vision) and transfer such participation to their job share partner.**
 - a. **Such arrangements must be included in the job share agreement and may not be modified during the term of the agreement.**
 - b. Employees who waive coverage under this provision will be eligible to enroll either on the first of the month following the first day of paid service in an assignment that 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 Partners

In accordance with the conditions specified above, as job share partners, we agree to the following division of the benefits package:

PLEASE NOTE: If both partners participate in a specific benefit (i.e., medical), each will pay a pro-rata share of the cost of coverage equivalent to their own position. (Pro-rata rate chart attached.)

Name of Work Location _____

	Partner A			Partner B	
	Participate	Waive	Office Use Only _____ _____ _____ _____	Participate	Waive
Medical	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Percentage of job share assignment _____

Percentage of job share assignment _____

Partner A _____

Partner B _____

Print Name

Print Name

Employee ID #

Employee ID #

Signature/Date

Signature/Date

**HEALTH BENEFITS FOR
JOB SHARE ASSIGNMENT TO COMPLETE A
REDUCED WORKLOAD ASSIGNMENT ONLY**

The following conditions apply in 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 tently 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 tently 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 tently 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 the 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 an 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.)

Name of Work Location _____

Job Share Partner

	Participate	Waive
Medical	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only

Percentage of job share assignment _____

Partner _____

Print Name

Employee ID #

Signature/Date

2014 JobShare Rates-Rev

Split	HMO Network 1			HMO Network 2			HMO Network 3		
	Single	Two-Party	Family	Single	Two-Party	Family	Single	Two-Party	Family
20	\$527.20	\$1,041.57	\$1,462.26	\$676.86	\$1,340.64	\$1,883.66	\$741.28	\$1,469.74	\$2,065.74
30	\$461.30	\$911.37	\$1,279.48	\$592.26	\$1,173.06	\$1,648.21	\$648.62	\$1,286.03	\$1,807.53
40	\$395.40	\$781.18	\$1,096.70	\$507.65	\$1,005.48	\$1,412.75	\$555.96	\$1,102.31	\$1,549.31
50	\$329.50	\$650.98	\$913.91	\$423.04	\$837.90	\$1,177.29	\$463.30	\$918.59	\$1,291.09
60	\$263.60	\$520.79	\$731.13	\$338.43	\$670.32	\$941.83	\$370.64	\$734.87	\$1,032.87
70	\$197.70	\$390.59	\$548.35	\$253.82	\$502.74	\$706.37	\$277.98	\$551.15	\$774.65
80	\$131.80	\$260.39	\$365.57	\$169.22	\$335.16	\$470.92	\$185.32	\$367.44	\$516.44
90	\$65.90	\$130.20	\$182.78	\$84.61	\$167.58	\$235.46	\$92.66	\$183.72	\$258.22

Split	UHC PPO			Kaiser		
	Single	Two-Party	Family	Single	Two-Party	Family
20	\$673.44	\$1,316.20	\$1,840.18	\$480.03	\$948.30	\$1,337.17
30	\$589.26	\$1,151.67	\$1,610.16	\$420.03	\$829.77	\$1,170.02
40	\$505.08	\$987.15	\$1,380.14	\$360.02	\$711.23	\$1,002.88
50	\$420.90	\$822.62	\$1,150.11	\$300.02	\$592.69	\$835.73
60	\$336.72	\$658.10	\$920.09	\$240.02	\$474.15	\$668.58
70	\$252.54	\$493.58	\$690.07	\$180.01	\$355.61	\$501.44
80	\$168.36	\$329.05	\$460.05	\$120.01	\$237.08	\$334.29
90	\$84.18	\$164.52	\$230.02	\$60.00	\$118.54	\$167.15

Split	Delta PPO	DeltaCare USA	Western Dental	Split	VSP
	Employee	Employee	Employee		Employee
20	\$83.14	\$32.29	\$29.73	20	\$8.16
30	\$72.75	\$28.25	\$26.01	30	\$7.14
40	\$62.36	\$24.22	\$22.30	40	\$6.12
50	\$51.96	\$20.18	\$18.58	50	\$5.10
60	\$41.57	\$16.14	\$14.86	60	\$4.08
70	\$31.18	\$12.11	\$11.15	70	\$3.06
80	\$20.79	\$8.07	\$7.43	80	\$2.04
90	\$10.39	\$4.04	\$3.72	90	\$1.02