



Reduced Workload Program/Job Share Partner Enrollment Form
School year 2020–2021
Due May 1, 2020

Please return Job Share Agreement, Health & Benefits form to Shannon Bossard at sraymond@sandi.net.

New _____

Renewal _____

Reduced Workload Employee

Name _____ Employee ID # _____

Email: _____ Current Site Location: _____

Proposed Instructional 2020-2021 Schedule

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

RWL Employee Signature: _____ Date: _____

Job Share Employee

Name _____ Employee ID # _____

Email: _____ Current Site Location: _____

Proposed Instructional 2020-2021 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: _____