



**REDUCED WORKLOAD PROGRAM/JOB SHARE PARTNER ENROLLMENT FORM**

**School Year 2019 - 2020**

**REDUCED WORKLOAD EMPLOYEE**

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

**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: \_\_\_\_\_

**PROPOSED INSTRUCTIONAL SCHEDULE**

Grade Level/Assignment/Program: \_\_\_\_\_ School site: \_\_\_\_\_  
**Job Share** Employee 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: \_\_\_\_\_