

CLEVELAND METROPOLITAN SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT

2011-2012 REQUEST TO JOB SHARE

Job sharing partnerships are completely voluntary and must last through one (1) full school year. Two bargaining unit members may share one full time teaching position and are subject to the approval of the principal. **The two teachers must write a proposal detailing how the educational philosophies of the teachers are compatible, and how they will share a full-time equivalent load of performance responsibilities for attendance and participation in meetings, etc.** The application and the proposal must be submitted to the Human Resources Department, 1380 East Sixth Street, Room 501, Cleveland, Ohio 44114, no later than April 1 by 4:30 p.m. to be implemented the ensuing school year. Please review Article 23. Section 20 of the Agreement between the Cleveland Metropolitan School District and the Cleveland Teachers Union, Local 279 American Federation of Teachers, AFL-CIO.

Please note that in the event that a leave of absence is requested and approved at any time during the school year in which a member has agreed to job share, all time paid will be paid at the percent of the job share. Additionally, benefits are available on a pro-rata basis; the teacher via payroll deduction shall pay any difference between 100% paid coverage and the pro-rata entitlement.

Job Share School: _____

Subject/Grade Level: _____

Teachers requesting to share position:

Teacher 1:

Certification: _____

Name (Print)

SSN-Last 4 Digits

Home Phone

% Percent of Time Job Sharing (Plus Teacher 2=100%)

Days of the Week Requested (M-T-W-TH-F)

Hours per Day

Benefits are available on a pro-rata basis. I elect benefits: (Check one) ___ Yes ___ No.

Note: Your signature verifies that you have read and agree to all items listed under Article 23, Section 20 of the Agreement between the Cleveland Metropolitan School District and the Cleveland Teachers Union, Local No. 279.

Signature

Date

Teacher 2:

Certification: _____

Name (Print)

SSN-Last 4 Digits

Home Phone

% Percent of Time Shared (Plus Teacher 1=100%)

Days of the Week Requested (M-T-W-TH-F)

Hours per Day

Benefits are available on a pro-rata basis. I elect benefits: (Check one) ___ Yes ___ No

Note: Your signature verifies that you have read and agree to all items listed under Article 23, Section 20 of the Agreement between the Cleveland Metropolitan School District and the Cleveland Teachers Union, Local No. 279.

Signature

Date

Principal's Signature

Date

Academic Superintendent's Signature

Date