

JOB SHARE REQUEST – Elementary

Article L21

Requests must be submitted and approved annually

Eligibility	<p>Two Teachers, both having completed a minimum of two (2) years continuous employment with the Board and neither of whom have been declared redundant, may choose to share a particular single teaching position and its attendant timetable for a school year to a maximum of a five (5) year period.</p> <p>Note: Individuals who are participating in job share as of 30 June 2001 shall continue to be exempted from the maximum five (5) year period.</p>
Job Sharing Plan	The job sharing arrangement requires the incumbent to share the duties and responsibility of his/her permanent full-time teaching position on a part-time basis with another teacher in the applicable job sharing year. The two Teachers, in consultation with the Principal, shall be required to co-plan in the job share. The division of hours of work shall be determined by mutual agreement between the two (2) Teachers and the Principal.
Principal Recommendation	Prior to providing a written recommendation to the Superintendent of Instruction (SOI), the Principal must be satisfied that the teachers have developed a satisfactory plan with respect to the communication with parents, assessment and evaluation and division of responsibility for sharing of curricular areas.
SOI Approval	Subject to the approval of the SOI the proposed sharing of arrangements shall be considered only upon written recommendation of the Principal(s) involved, and the SOI shall be assured to his/her satisfaction that the sharing of arrangements result in the continued functioning of all duties involved in a position.
Application Deadline	<p>Application shall be made on or before April 1 in the year prior to entering the plan.</p> <p>A completed application consists of the incumbent, proposed job sharing partner's information as well as signatures of both Principals/Managers and SOI's.</p>
Approval/Denial	Teachers will be notified of approval/denial by May 1 in the same school year the request was made.
Extensions	Extensions must be requested annually in the year prior to the extension and cannot exceed five (5) years in total unless both individuals were participating in the job share as of 30 June 2001.
Salary Benefits Sick Leave Credits Seniority	<p>Experience and sick leave prorated to time worked. Seniority shall continue to accumulate for each Teacher participating in the plan.</p> <p>For all Benefits (excluding LTD) Employee should contact OTIP regarding implications of this job share.</p> <p>LTD will continue to be deducted from Employees pay.</p>
Right of Return	In the year following the end of the job share, and subject to the surplus, transfer, layoff and recall provisions of this agreement, each Teacher shall have a right to a position equal to their full contract status prior to the beginning of the job share. More specifically, each Teacher will retain a right to a position within the school where the job sharing took place equal to their status during the job share and a right to be placed in a position within the elementary school system for the balance of their contract status subject to the surplus, transfer, layoff and recall provisions of this agreement.

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THIS SECTION TO BE COMPLETED BY THE INCUMBENT AND PROPOSED JOB SHARING PARTNER

DETAILS	INCUMBENT EMPLOYEE (Full Time Teacher)	PROPOSED JOB SHARING PARTNER (Part Time Teacher)
Name		
EIN		
Location		
Employment Status (FTE)		
Assignment (Gr./Subject) & % Teaching		
% Leave Without Pay (if applicable) & Return Date		
Timeframe Start/End Date		
Initial Request of Extension	<input type="checkbox"/> Initial Request or <input type="checkbox"/> Year __ of an Extension Request	<input type="checkbox"/> Initial Request or <input type="checkbox"/> Year __ of an Extension Request
Employee Signature & Date	<i>I agree to fulfill the job sharing plan submitted to the Principal and to co-plan with my partner during the year.</i>	<i>I agree to fulfill the job sharing plan submitted to the Principal and to co-plan with my partner during the year.</i>
Principal/Manager Signature & Date	<i>Please ensure plan in place for PD days, adjusted calendar days, etc.</i> <input type="checkbox"/> I am recommending <input type="checkbox"/> not recommending the Incumbent for this job sharing arrangement.	<i>Please ensure plan in place for PD days, adjusted calendar days, etc.</i> <input type="checkbox"/> I am recommending <input type="checkbox"/> not recommending the Incumbent for this job sharing arrangement.
Superintendent Signature & Date	<i>I confirm that I am satisfied that the job sharing arrangement results in continued functioning of all duties involved.</i>	<i>I confirm that I am satisfied that the job sharing arrangement results in continued functioning of all duties involved.</i>

THIS SECTION TO BE COMPLETED BY HR RECRUITMENT OFFICER / ADMINISTRATOR

- ☐ Verify Incumbent/Partner eligibility as per collective agreement (i.e. 1.0, completed probationary period, total salary not to exceed maximum class level, does not represent a promotion/increase in status, neither redundant, etc.)
- ☐ All required parties have signed off by deadlines as per Bulletin
- ☐ Start/End dates of assignment or extension acceptable (e.g. school year); BF for return date
- ☐ Generate an EAF (be sure to identify the "Incumbent" and "Job Sharing Partner")
- ☐ Action required staffing fallout (e.g. posting, possible term behind job sharing partner)
- ☐ Attach a copy to the Incumbent/Partner's HR file and give to Operations for processing.

Comments:

☐ Incumbent R.O.R. to: _____ ☐ Sharing Partner R.O.R. to: _____

This job share has been: ☐ **Approved (Proceed with Staffing)** ☐ **Denied (Email Employee with reasons)**

HR Recruitment Officer/Administrator Signature

Date

THIS SECTION TO BE COMPLETED BY HR OPERATIONS ADMINISTRATOR

- ☐ In Position Screen/Comments, record Job Sharing Partner against the Incumbent and vice versa with end date.
- ☐ Amend % worked for both the Incumbent and Job Sharing Partner
- ☐ Check for pro-ration (up/down) of sick leave, vacation leave, benefits.
- ☐ Indicate Right of Return to former position.
- ☐ Place application form copy onto the Incumbent/Partner's HR file

HR Operations Administrator Signature

Date