

**REQUEST TO JOB SHARE APPLICATION**

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 attention of Karen Joyce c/o the Talent Department, 1111 Superior Ave E., 1818, Cleveland, Ohio 44114, no later than the close of business on April 1, 2021, to be implemented the ensuing school year. Please review Article 23, Section 17 of the CMSD/CTU Agreement.

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, the job share partners shall collectively be entitled to benefits for one full-time equivalent. The partners may elect to prorate benefits or agree that one partner collect full benefits. If both partners decline benefits, the opt-out will be prorated. Any difference between 100% paid coverage and the pro-rata entitlement shall be paid by the teacher via payroll deduction.

**Job Share School:** \_\_\_\_\_

**Subject/Grade Level:** \_\_\_\_\_

**Teachers requesting to share position:**

**Teacher 1:**

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

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
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 17 of the CMSD/CTU Agreement.

\_\_\_\_\_  
Signature of Teacher 1

\_\_\_\_\_  
Date

**Teacher 2:**

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

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
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 17 of the CMSD/CTU Agreement.

\_\_\_\_\_  
Signature of Teacher 2

\_\_\_\_\_  
Date

Approved

Denied

(Principal Please Check one)

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date