PROJECTED HOURS FOR 2018-2019 FOR 10-MONTH EMPLOYEES

Employee's Name: _____ School: _____

It is the District's intention to notify each Classified Professional about his or her work hours and days for the 2018-2019 school year. While it is our hope to make these notifications as accurate as possible, please understand that the District has no way of knowing what total allocations it will receive from the State. This depends on budgets, the Oregon Legislature, and allocations by the Federal Government.

- You will work a total of _____ hours per day. (Lunch is non paid time.)
- You will report to work at _____, and may leave at _____.
- You will begin work on:
  - ☐ Monday, August 13, 2018 (Secretaries)
  - ☐ Tuesday, August 7, 2018 (IT Specialists)
  - ☐ Wednesday, August 22, 2018 (Nutrition Services)
  - ☐ Monday, August 27, 2018 (Instructional Assistants)
  - ☐ Other: _____
- Your last day of work for the 2018-2019 school year is:
  - ☐ Friday, June 7, 2019 (Nutrition Services & Instructional Assistants)
  - ☐ Friday, June 14, 2019 (IT Specialists)
  - ☐ Thursday, June 20, 2019 (Secretaries)
  - ☐ Other: _____

  **Any school closure days are added on to the end of the school year. Any negotiated changes due to budget will be adjusted as needed.*
- Days that you will <u>not</u> work are:
  - ☐ Any day(s) students are not in school after the beginning of the school year
  - ☐ Any day(s) that school is not in session
  - ☐ Teacher staff development days and work days (report cards)
  - ☐ Non-Contract Days (with the exception of August 24 and October 12)
- Your paid holidays are as follows (See Article 14):
  - ☐ None (If the Employee works fewer than 6 hours per day)
  - ☐ Labor Day
  - ☐ Veteran's Day
  - ☐ Thanksgiving
  - ☐ Day after Thanksgiving
  - ☐ Christmas
  - ☐ New Year's Day
  - ☐ Martin Luther King Day
  - ☐ Memorial Day
  - ☐ (July 4th, Presidents' Day, Day Before Christmas are Paid Holidays for 12 Month Employees)
- You will receive Paid Vacation Days according to Article 13 of the OSEA Contract.

I understand that this Agreement was made by my supervisor to the best of his or her information at the time and could change during the school year, and I will be notified of any changes in a timely fashion by the District.

_____ _____

Employee Date Supervisor Date