

APPENDIX M.1

NOTICE OF INTENT FOR JOB SHARING

Name: _____

Address: _____

Phone #: _____

Current School: _____ Current Grade/Subject: _____

What level(s) are you willing to share?

Early Start K-2 3-5 6-8 High School Other

If you chose *6-8* or *High School*, in which subjects are you interested? If you chose *Other*, please explain.

Are you willing to go to another school? Yes No

Current Certificates: _____ Type: _____

Years in District: _____

Do you currently have a job-sharing partner in mind? Yes No

Name: _____

Do you have a time preference? Yes No

If yes, when would you prefer to work? A.M. P.M.

Signature

Date

Return completed form to: SEA President
3440 Liberty Drive
Springfield, IL 62704

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