STANDARD MONTHLY PAYROLL

MONTH: _____ **SCHOOL:** _____ **PAYROLL FROM:**_____ **TO:** _____

NAME	EMP #	INITIALS	TOTAL NUMBER OF DAYS ABSENT	LIST DATE(S) OF ABSENCE IN PROPER COLUMN					
				SICK	PERSONAL	MILITARY LEAVE	JURY DUTY	LEAVE WITHOUT PAY	PROFESSIONAL LEAVE

R/2008

Principal's/Supervisor's Signature _____