

Monroe Public Schools

Administrator/Certificated Monthly Leave Sheet

EMPLOYEE NAME _____

MONTH /YEAR _____

Date	Leave Hours	Leave Code	Explanation
1			
2			
3			
4			
5			
6			
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27			
28			
29			
30			
31			

Note comments in explanation column - to comply with Union contracts

Leave Codes

- A Association
 - K Athletic/Advisor
 - B Bereavement *state relationship in explanation*
 - E Emergency *deducted fr annual leave*
 - T Field Trip *with students*
 - I Inservice *see definition below*
 - G Grant - state *Grant name and coding*
 - J Jury Duty *need to attach copy of cert.of time served*
 - N Professional *see definitions below*
 - ST STP - Supplies Tuition and Professional money
If you are using your STP money for a leave day
 - W Personal Leave with reason
State reason below
-
-
- R Personal Leave without reason
 - F Family member is Sick - *{Please provide Employee's Family r*
 - S Sick - Employee
 - U Unpaid - *Superintendent's approval required*
 - V Vacation

Definitions

"In District" is at a Monroe School District site
In-Service - Meetings/workshops In the MONROE SCHOOL DISTRICT
Professional - Out of district
Workshops and conferences

I hereby certify, under penalty of law, that the above is a true and accurate record of leave hours taken.

Employee's Signature **Date**

Administrator's Signature **Date**