

Franklin County School System Certified/Classified Monthly Record

(Must be completed by employees whose actual workdays are over 170 days.)

Name: _____ Position: _____

Month:	School Year:	No. of Contract Days:
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Directions: Assign one of the following code letters (W, P, S, O, SD, PL, or J) to each day of the month to indicate your status for that day.

W = Work Day P = Personal Leave S = Sick Leave O = Off Contract
 SD = Staff Development PL = Professional Leave J = Jury Duty

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Directions: Total the number of days for each category and complete the calculations below.

	Work Day		Sick Leave		Personal Leave		Total	Off Contract
Total Days This Month	_____	+	_____	+	_____	=	_____	_____
Year-To-Date Total From Last Month	_____	+	_____	+	_____	=	_____	_____
Year-To-Date Total Days At End of This Month	_____	+	_____	+	_____	=	_____	_____

 Employee Signature Date Supervisor Signature Date