

Employee _____

Please print clearly PRINT full LEGAL name

**Klamath Falls City Schools
Monthly Absence Report**

Location _____

For sick leave, please indicate which type was used:

- PI - Personal Illness
- FLC - Family leave for minor child
- FS - Family Sick
- FMLA - On approved FMLA

JULY	NOV	MAR
AUG	DEC	APRIL
SEPT	JAN	MAY
OCT	FEB	JUN

From _____
Date

To _____
Date

DATE	SL	VA	EX	PL	AC	PR	Deduct	OTHER	Substitute Name/Signature	HOURS	Account number
mm/dd/yy	Indicate time in HOURS (4 hours 30 minutes = 4.5)										
									Print		
									Sign		PR Description
									Print		
									Sign		PR Description
									Print		
									Sign		PR Description
									Print		
									Sign		PR Description
									Print		
									Sign		PR Description
									Print		
									Sign		PR Description
									Print		
									Sign		PR Description

TOTAL HOURS

NOTE: The District reserves the right to verify reason for absence at any time.
 ** PL days must be requested in advance, except in case of an emergency.
 All days must conform with the contract and board policy approved reasons.

For 'Other' Field:

- BO - Bonus Day
- BE - Bereavement
- SN - Snow Day
- JD - Jury Duty
- CP - Comp Time
- RE - Register Day
- ML - Military Leave
- AL - Administrative Leave

Employee Signature _____

Administrator Signature _____

Date Submitted _____