



MONTHLY PAYROLL REPORT

Date: _____

School: _____

Number of Pages _____
 (including this cover page)

New Employees Commencing in the Current Month	Start Date
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes list names and dates below	

Employees on an Extended Leave Commencing the Current Month	Date the Leave Commenced
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes list names and dates below	

Employees Who Returned to Work in the Current Month	Return Date
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes list names and dates below	

Employees Terminating in the Current Month	Last Day of Work
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes list names and dates below	

Regular Timesheets not Included	Reason for Exclusion
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes list names below	

Principal Designate not Included for Current Month	Reason for Exclusion
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes state name and reason for exclusion	

Please complete and return this page with all Regular Staff Payroll Forms (including timesheets) by the monthly cutoff date.