



HEMPSTEAD PUBLIC SCHOOLS ADMINISTRATOR'S ABSENCE REPORT

NAME OF SCHOOL/BUILDING: _____

This report must be filled out and submitted by the employee immediately upon his/her return to duty.

_____ Last Name (Please Print) _____ First Name (Please Print)

Date(s) of Absence(s): _____
Exact Date(s)

Total Number of Day(s): _____ (or) Total Number of Hours: _____

I, the above-named employee, was absent from duty on the above listed date(s). The reason for my absence(s) is indicated by the checked item below. I understand that absence(s) without reason will be charged to Personal Illness.

PLEASE READ CAREFULLY AND CHECK THE APPROPRIATE REASON:

- ___ **PERSONAL ILLNESS** – A doctor’s note must be attached to this report four (4) or more consecutive days.
- ___ **SICKNESS IN FAMILY** – Three (3) days per school year.
- ___ **PATERNITY** – Two (2) days per school year (Must have prior approval from the Superintendent).
- ___ **PERSONAL BUSINESS** – Please attach Personal Business Request Form. (Allowable days – prior approval by Superintendent, Deputy Superintendent, Assistant Superintendent or Principal.)
- ___ **DEATH IN IMMEDIATE FAMILY** – (Allowable days determined by Superintendent). (Immediate Family constitutes: Spouse, Child(ren), Parent, Siblings and Grandparents)
- ___ **DEATH OF IN-LAW, AUNT, UNCLE, CLOSE FRIEND** – Treated as a Personal Business Day.
- ___ **VACATION**
- ___ **COMPENSATORY TIME** _____ **JURY DUTY** (Please attach Jury Certificate)
- ___ **CONFERENCE/WORKSHOP** (Please attach approved Conference Request Form)

_____ Date Signed _____ Employee’s Signature

MUST BE COMPLETED BY THE SUPERINTENDENT OF SCHOOLS, DEPUTY SUPERINTENDENT, ASSISTANT SUPERINTENDENT, OR PRINCIPAL, IN ACCORDANCE WITH THE TABLE OF ORGANIZATION.

APPROVAL: _____ DISAPPROVAL: _____

_____ Date Signed _____
Signature of Superintendent, Deputy Superintendent, Assistant Superintendent or Principal in accordance with the Table of Organization.