HEMPSTEAD PUBLIC SCHOOLS
TEACHING ASSISTANT 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 for more than four (4) or more consecutive days.

____ **PERSONAL BUSINESS** – Four (4) days per school year (Additional days charged to Personal Illness. A maximum of three (3) days may be used for religious holidays. Please attach approved Personal Business Request Form).

____ **SICKNESS IN FAMILY** – Three (3) days per school days.

____ **PATERNITY** – Two (2) days per school year (Must have prior approval from the Superintendent).

____ **DEATH IN IMMEDIATE FAMILY** – Three (3) consecutive schedule workdays following date of death. If more than 250 miles, five (5) days will be allowed.
(Immediate Family constitutes: Spouse, Child(ren), Parent, Siblings, and Grandparents)

____ **DEATH OF INLAWS, AUNT, UNCLE, CLOSE FRIENDS** – This is treated as a Personal Business Day.

____ **CONFERENCE/WORKSHOP**
(Attach approved Conference Request Form)

_____ **JURY DUTY**
(Attach Jury Certificate)

____ **COMPENSATORY TIME** (Attach Time Sheet)

_____ **FIELD TRIP**

____ **WORKERS' COMPENSATION** – Absence(s) due to Accident/Injury on job is deducted from Personal Illness _____ CASE NUMBER (Please attach required documents).

_____ _____
Date Signed Employee's Signature

MUST BE COMPLETED BY BUILDING PRINCIPAL/SUPERVISOR

APPROVAL: _____ DISAPPROVAL: _____

_____ _____
Date Signed Signature of Principal/Supervisor

Revised 01/23