



**HEMPSTEAD PUBLIC SCHOOLS
CUSTODIAL UNIT 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 three (3) or more consecutive days.
- ___ **PERSONAL BUSINESS** – Three (3) days per school year. (Please attach approved Personal Business Request Form – Approved by Supervisor or Director of Facilities).
- ___ **DEATH IN IMMEDIATE FAMILY** – Allowance approved by Director of Facilities.
Deceased relationship to you: _____
- ___ **VACATION**
- ___ **COMPENSATORY TIME** (Please attach Time Sheet)
- ___ **MILITARY LEAVE** (Attach documentation)
- ___ **JURY DUTY** (Please attach Jury Certificate)
- ___ **WORKERS’ COMPENSATION** (Please attach required documents)

_____ Case Number

_____ Date Signed

_____ Employee’s Signature

MUST BE COMPLETED BY BUILDING SUPERVISOR, PRINCIPAL, OR DIRECTOR OF FACILITIES

APPROVAL: _____

DISAPPROVAL: _____

_____ Date Signed

_____ Signature of Supervisor/Principal/Director of Facilities