



# HEMPSTEAD PUBLIC SCHOOLS EMPLOYEE ABSENCE REPORT

NAME OF SCHOOL/BUILDING: \_\_\_\_\_

Please use this form to explain absence(s) for the SECRETARIAL, CLERICAL, TECHNICIANS, AIDES, SECURITY OFFICERS, NURSES, and FULL TIME FOOD SERVICE STAFF.

**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.

\_\_\_ **SICKNESS IN FAMILY** – Three (3) days per school year.

\_\_\_ **PERSONAL BUSINESS** – Maximum four (4) days per school year. (Except in cases of emergency, notice must be given forty-eight (48) hours in advance. Please attach Personal Business Day Request Form).

\_\_\_ **RELIGIOUS OBSERVANCE** – Religious Observance is treated as a Personal Business Day. Thirty (30) days’ notice by the employee must be given for this purpose).

\_\_\_ **DEATH IN IMMEDIATE FAMILY** – Allowance for 3 days (less than 250 miles)  
Allowance for 5 days (more than 250 miles)  
(Immediate Family constitutes: Spouse, Child(ren), Parent, Siblings and Grandparent)

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

\_\_\_ **VACATION**

\_\_\_ **CONFERENCE/WORKSHOP** \_\_\_\_\_ **JURY DUTY** (Please attach Jury Certificate)

\_\_\_ **COMPENSATORY TIME** (Attach time sheet) \_\_\_\_\_ **MILITARY LEAVE** (Allowance 30 days – proper documentation)

\_\_\_ **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