



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