



**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.