



**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