



HEMPSTEAD PUBLIC SCHOOLS TEACHERS' 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 four (4) or more consecutive days.
- ____ **PERSONAL BUSINESS** – Five (5) days per school year. (Please attach approved Personal Business Request Form – A maximum of three (3) days may be used for Religious Observance).
- ____ **ABSENCE FROM CLASSROOM DUE TO** _____
- ____ **PATERNITY** – Two (2) days per school year (Must have prior approval from the Superintendent).
- ____ **DEATH IN IMMEDIATE FAMILY** – Three (3) consecutive schedule workdays following date of death. If more than 250 miles, five (5) days will be allowed.
(Immediate Family constitutes Spouse, Child(ren), Parent, Siblings, and Grandparents)
- ____ **CONFERENCE/WORKSHOP** (Please attach approved Conference Request Form)
- ____ **SPECIAL ASSIGNMENT FOR THE DAY** (Briefly explain): _____
- ____ **JURY DUTY** (Please attach Jury Certificate) _____ **FIELD TRIP**
- ____ **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