

# Paterson Public Schools Attendance Procedures



## 2024-2025

**Mr. Luis M. Rojas**

Assistant Superintendent for Human Capital/Labor  
Relations/Affirmative Action

**Lynette Gonzalez**

Director of Employee Services

**TO:** Assistant Superintendents  
Coordinating Directors  
Directors  
Supervisors  
Building Administrators

**FROM:** Lynette Gonzalez

**RE:** **Staff Attendance Procedures  
School Year 2024-2025**

**DATE:** August 26, 2024

Please find attached the Paterson Public School District Staff Attendance Procedures for all employees. These procedures are to be followed for proper record-keeping. Please ensure that each employee scans in/out daily and allow 3 seconds before the next employee scans in/out to ensure proper posting to the timecard.

Kindly post these procedures by the Kronos clock devices:

Effective July 1, 2007, all employees will scan-in/scan-out.

**\*Attendance Office throughout the attendance procedures refers to Lynette Gonzalez, 90 Delaware Avenue, 3<sup>rd</sup> Floor.**

If you have any questions or concerns regarding this matter, please call me at (973) 321-0745.

Attachment

c: Dr. Laurie Newell, Superintendent of Schools  
Dr. Rodney Henderson, Deputy Superintendent  
Mr. Luis Rojas, Asst Superintendent Human Capital/Labor Relations/Affirmative Action

## **TABLE OF CONTENTS**

Staff Attendance Procedures .....	5
Codes for Attendance .....	6
Out of Sick/Personal Days/Retirement and Resignation .....	7
Administrative Personnel .....	7
Scan-in/Scan-out Procedures .....	7-8
Tardiness.....	8
Worker's Compensation.....	8-9
Jury Duty.....	9
Bereavement.....	9
Leave of Absence.....	9
Compensatory Time.....	9-10
Military Leave.....	10
Change Form Accumulated Days .....	11
Requested Vacation Days.....	11
Sign In/Out Visitors.....	11
Telephone Protocol .....	11
Illness/ Emergency.....	12
Evening Meetings .....	12
Payroll Verification .....	13
Completing Timesheets .....	13

## **Samples and Forms**

Jury Duty (Samples A & B).....	16-17
<b>Bereavement Forms</b>	
Bereavement Leave Form for PEA .....	18
Bereavement Leave Form for Cafeteria Staff.....	19
Bereavement Leave Form for COSA .....	20
Bereavement Leave Form for Confidential Secretary.....	21
Bereavement Leave Form for Administrators Association.....	22
Bereavement Leave Form for Paterson Custodial Maintenance Assoc.....	23
Bereavement Leave Form for Principals Association.....	24
Bereavement Leave Form for Non-Bargaining Members .....	25
Bereavement Leave Form for Attendance Officers and Parent Liaison .....	26
Bereavement Leave Form for Full and Part-time Cafeteria Monitors .....	27
Leave Request Form for Leaves of Absence with or without Pay .....	28-29
Compensatory Time Form .....	30
Military Leave Request Form.....	31
Change Form for Accumulated Days .....	32

## **Tardy Forms**

Tardy Warning Letter for PEA Members.....	33
Tardy Dock Letter for PEA Members.....	34
Tardy Warning Letter for Non-PEA Members.....	35
Tardy Dock Letter for Non-PEA Members .....	36
Additional Work-Day Request Form (Administrator).....	37
PEA Failure to Scan-in/Scan-out Letter.....	38
(Third, Fourth, Fifth Incident)	
Non- PEA Failure to Scan-in/Scan-out Letter .....	39
(Third, Fourth, Fifth Incident)	
Local 1019-Attendance Officers/Parent Liaison Failure to Scan-in/Scan-out letter .....	40
(Third, Fourth, Fifth Incident)	
Local 1019-Full/Part-time Cafeteria Monitors Failure to Scan-in/Scan-out letter.....	41
(Third, Fourth, Fifth Incident)	

**PATERSON PUBLIC SCHOOLS  
STAFF ATTENDANCE PROCEDURES**

All Staff including but not limited to Assistant Superintendents, Coordinating Directors, Directors, Supervisors, Coordinators, Building Principals, Teachers, Instructional Assistants, Secretaries, Custodians, Cafeteria Workers, Parent Coordinators and Security Guards are required to adhere to the attached attendance procedures. All employees will scan-in/scan-out effective July 1, 2007.

**Accuracy of Attendance, Site Scan-in/Scan-out Procedure, and the Edumet System**

All district employees' Attendance must be entered into the Edumet system by 3:00 p.m. Each day, Attendance will be reviewed, and all Administrators will be notified if their location's attendance has not been entered by 3:00 p.m. The Superintendent, Assistant Superintendents, Department Administrators, and timekeepers will receive a Kronos Exception Report emailed daily for the previous day.

Ultimately, it is the responsibility of every employee, as well as the Building Administrator, Assistant Superintendents, and all Administrators, to ensure the accuracy of employee attendance in each location. Anything short of accurate daily attendance being entered into the system will be categorized as falsification of information and neglect. If this occurs, disciplinary action will be taken for those individuals responsible in said locations. The scan in data collected at each location is the permanent record; therefore, that information must be entered into the Edumet system daily. Scan in/out reports from one year to the next must be on file at the site for future reference.

1. Staff are not allowed to scan-in or out for other employees.
2. Timekeepers are not allowed to enter their own absences in the computer system. Therefore, every site must have a timekeeper and an alternate timekeeper.
3. Absences for all employees must be entered in the Edumet system daily by 12:00 noon (this includes custodians and full-time cafeteria workers).
4. Timekeepers are not allowed to enter their own absences in the computer system. Therefore, every site must have a timekeeper and an alternate timekeeper.
5. Each week, administrators are required to review the Kronos Time Detail Report and the Edumet Attendance Register Report #11 to ensure that all staff under their purview have complied with this policy. The attendance keeper will run a weekly attendance register report from the Edumet Automated System for each location for the previous week on Monday morning. The absences listed are to be verified with the Kronos Time Detail Report. Each site's responsible administrator or designee will sign and date the reports to verify their accuracy. The school locations will keep their weekly Kronos Time Detail Report and the Edumet Attendance Register at their respective schools and/or departments.
6. In addition, Paterson Public School personnel are not permitted to work during

breaks or lunch periods or leave early unless their supervisor gives prior approval in writing.

7. All corrections for absences will be made in Edumet, and missing scan in/out times will be corrected in Kronos by the Timekeeper. For bereavement and jury days, use available days until proof is submitted to you. A copy should be kept with daily attendance and change forms in each school or central office attendance reporting office.
8. After TWO (2) consecutive absences (sick days), the administrator or district will request that employees submit a doctor's note. The doctor's note must be forwarded to the Staff Attendance Office. Administrators must ensure that their staff provides the above documentation to the Staff Attendance Office.

### **CODES FOR ATTENDANCE**

The only codes for attendance recording are the following:

- B - Bereavement Day
- C - Conference Day
- D - Docked (When available days have been used)
- FI- Family Illness
- F - Field Trip
- I - In-service/Workshop
- J - Jury Duty
- P - Personal Day
- O- N/C Contract
- NV- N/C Vacation
- H - School Business Day
- S - Sick Day
- PR - Professional Development
- U - Union
- T - Tardy
- V - Vacation Day

- **No other codes should be entered into the Edumet system. Unidentifiable codes such as an X or an A are prohibited.**

**Logistics** – Workshops, In-services, Conferences, Field Trips, and Bereavements must be approved prior to entering these codes in the automated system.

**In-Service Day Workshops:** The responsible Administrator of the workshop/staff development will submit attendance to each school principal daily to be entered into the Kronos system. All staff members must scan in at the workshop/staff development sessions. Failure to scan in will result in an “unexcused sick” for the day.

Every district attendance site with a Kronos Time Detail Report for staff must also run a tardy

roster daily. There are no exceptions to this procedure. (This includes schools, academies, central offices, departments, and all sites.)

### **Employees - Out of Sick and Personal Days/Retirement and Resignation**

The responsible Administrator must make a concerted effort to assist the district in avoiding paying employees who are out of sick or personal days and continue to be absent. Cooperation and coordination with the Staff Attendance office is imperative. It is incumbent upon the responsible administrator to inform the attendance keeper to contact Lynette Gonzalez at ext. 10748 or 10745 when an employee continues to be absent and has used all their sick, personal and/or vacation days.

If an employee has Direct Deposit, the payment is electronically sent to the bank 5 days prior to payday. It takes payroll 5 days after payday to receive credit back from the bank and be able to issue a paycheck for the correct amount.

Any employee planning to retire or resign should give written notice to the Department of Human Resources. Paychecks should not be generated after the date of resignation or retirement.

### **Administrative Personnel - Will Be Responsible for Monitoring the Attendance of All Staff Under Their Purview.**

1. Paterson Public School employees are required to notify their administrator, supervisor, and/or timekeeper if they plan to be absent and must indicate what type of absence will be taken (Personal Day, Sick Day, etc.). All staff members should report their absence by using the AESOP if they report their absence before 7:15 a.m. After 7:15 a.m., *staff members are required to report their absence by calling their administrator.*
2. As new or transferred employees enter a location, they should be advised by the Administrator the procedures for scan-in/scan-out, absence reporting, and the timekeeper responsible for their attendance. Employees who have shared time at more than one site can scan in/out where they are each day of the week.

### **Scan-in/Scan-out Procedures**

Effective July 1, 2007, all employees will indicate his/her presence for duty and departure by scanning in/out in accordance with District policy.

#### **Failure to Scan-in/Scan-out**

Definition: An employee shall have failed to scan in/scan out if they have not been tardy and have not communicated their presence for duty to the building Administrator or other Administrator by the next scan-in opportunity or by the next scan-out opportunity.



The procedure for scanning  
in/out when working a regular day, after school programs, and all overtime:  
Regular schedule: Swipe in/out regular day  
Overtime: Swipe in/out (hours beyond regular workday or weekends)  
After-School Programs: Swipe in/out at the Program Site

**Only employees remaining in the same location and responsible for supervising children for the afterschool program will not have to scan in/out between regular hours and overtime hours. These employees can swipe out at the end of the program day.**

Employees on school business may swipe in/out at another location on that particular day.

### **Penalty Procedure**

Should the District allege a staff member failed to scan in as required in this Article, the employee shall be notified by the district no later than the end of the next workday. In this way, the employee shall be given the opportunity to explain or challenge the claim he/she did not scan-in. If not notified, the allegation of failure to scan will be waived for that incident.

Upon the FIRST(1<sup>ST</sup>) occasion during a school year of failure to scan-in/scan-out, while present for work, the building Administrator/designee or other Administrator will issue a verbal warning to the employee, maintaining a record of the notice.

After the SECOND(2<sup>ND</sup>) incident, the same procedure will be followed. In addition, a written notice of the scan-in/out requirement and the staff member's obligation to scan-in/out will be given to the employee.

After the THIRD(3<sup>RD</sup>) incident the administrator will conference with the staff member to ascertain why a problem with scanning in/out still exists. The administrator will make every attempt to help the staff member to remove any obstacles to her/his scanning in/out. A warning letter of possible disciplinary action upon the next incident shall be issued.

After the FOURTH(4<sup>TH</sup>) incident, and provided that the administrator has given the required notice, employees shall be penalized by being docked as follows:

Certificated Staff	\$33.00
Support Staff	\$16.50

After the FIFTH(5<sup>TH</sup>) incident, and for each incident thereafter, the employee shall forfeit one day's pay.

### **Tardiness**

On the fourth (4<sup>th</sup>) tardy, a warning will be issued; on the fifth (5<sup>th</sup>) tardy and any subsequent tardy thereafter, a half day's pay will be deducted from an employee's paycheck. An employee cannot use compensatory time when they are tardy.



**Workers' Compensation days** — This can only be recorded by the Worker's Compensation Manager after the approval of the Risk Manager, who communicates the judgment of the Third-Party Administrator. (CCMSI, 3535 Route 66 Bldg. 6, Neptune, NJ 07753 1-888-918-9111) The responsible administrator must notify the Risk Management Office when an employee is out due to a work-related incident.

Timekeepers must charge these days as "S" sick days. The Worker's Compensation Manager will change them to "W" Worker's Compensation days when the proper documentation is received and approved.

**Jury Duty** – Employees must submit the following documentation to their immediate Administrator, who will initial it and send it to the Staff Attendance Office:

- Original petition to serve as a juror from the county in which they live;
- A copy of confirmation of days served from the county clerk;

If excused from jury duty prior to 11:00 a.m., you must report back to work. The district will confirm the time excused by contacting the jury duty manager.

**Bereavement Days** – Paterson Public School's employees must call in to notify their Administrator regarding the request of bereavement days. All PEA members who require substitute coverage for bereavement days should report their absence by calling the Sub-Finder automated system at (973) 321-2370, before 7:15 a.m. the day of the absence. Staff members who are not required to call the automated system must report their absence by calling their administrator. Upon returning to work, all employees must submit the Bereavement Form to their immediate Administrator, who will initial it and send it to the Staff Attendance Office.

Bereavement forms for Paterson Education Association, Cafeteria, COSA, Directors, Confidential Secretaries, Paterson Administrator's Association, Paterson Custodial Maintenance Association, Principal's Association and Non-Bargaining Members are attached.

### **Leave of Absence**

Any employee out for six (6) or more consecutive days, exclusive of vacation days, must complete a "Leave Form." The Form must be submitted directly to the Director of Human Resources, who will forward the leave request to the Staff Attendance Office.

A medical leave requires a properly completed leave form with a projected date of return to work. When an employee returns to work, a medical clearance note must be presented and sent to the Staff Attendance Office. Leaves of absence with or without pay will not be approved for an indefinite period of time; therefore, a return to work or re-evaluation date must be provided. If the medical diagnosis is not clear, the leave of absence may not be granted or may be delayed.

Return to work made in writing to Lynette Gonzalez, so the employee may be placed back on payroll. If Lynette Gonzalez is not notified, the individual will not be on payroll and therefore will not be paid promptly. Failure to report return to work date to the Staff Attendance Office will result in discrepancies with the calendar bank and payroll.

**Requirements for Compensatory Time**—The Paterson School District does not allow Compensatory time. However, based on dire need, Compensatory time may be approved if it is requested and approved in advance by their Cabinet-Level Administrator. No employee can accumulate compensatory time prior to receiving approval, and no employee can use accumulated approved compensatory time without prior approval.

- Their Cabinet-Level Administrator must grant approval to accumulate and use accrued compensatory time. An employee cannot use comp time when they are tardy unless comp time has been accumulated and approved prior to being tardy. The employee must also notify the attendance timekeeper before their scheduled scan-in time.
- Once the form is approved, their Cabinet-Level Administrator will return it to the school/department. The Compensation Form will be given to the timekeeper to keep a record of time used and balance.
- When an employee is ready to use Compensatory Time and all approvals are complete on the form, the Timekeeper will provide the Staff Attendance Office with a Leave Request Form indicating the date Compensation Time will be used. The Staff Attendance Office will input all Compensation Time into Kronos.
- All compensatory time must be used within 30 days of its accrual.

**Military Leave Request**—The military leave form must be completed, signed by the immediate Administrator, and sent to the Staff Attendance Office in advance of the Leave start date. Proper military documentation must be attached to the form.

### **Change Form**

A change form for accumulated days must be utilized to change a recorded day to another type of absence (e.g., personal day to sick day or sick day to actual workday). The employee and the immediate administrator must sign off on the day and send it to the Staff Attendance Office.

### **Requested Vacation Days**

All vacation days must be pre-approved. Vacation request forms can be kept as a permanent record at each school or District location, or vacation requests can be made via AESOP. All vacation days must be entered in the Edumet system.

### **Sign In-Out Visitors**

All visitors must sign in with their name and time at the security desk when entering any district site and sign out with the time upon leaving the site.

### **Telephone Protocol**

Administrators must ensure that a “live” person answers District telephones during operational hours. All locations must assign specific employees (secretaries/office workers) to cover the telephones during all work hours.

### **ILLNESS/EMERGENCY**

Any employee who must leave the building due to an illness or emergency before minimally completing three (3) hours and forty-five (45) minutes from their designated swipe in time; said employee's bank of accrued days shall be deducted a full days' sick, personal or vacation day. Leaving after the completion of three (3) hours and forty-five (45) minutes (minimum attendance) as described above, said employee's bank of accrued days' will be deducted one-half (1/2) sick, personal, or vacation day.

For clarification purposes, below is a breakdown of Mode 1, 2, 3, or Central Office employee-assigned work schedules. All other approved work schedules shall coincide with the language above.

#### **High School/Central Office**

Mode 1:                      7:31 a.m. to 11:15 a.m. =full day charged  
After 11:16 a.m. =  $\frac{1}{2}$  day charged

Mode 2:                      8:16 a.m. to 12:00 p.m. = full day charged  
after 12:01 p.m. =  $\frac{1}{2}$  day charged

Mode 3:                      9:01 a.m. 12:45 p.m. = full day charged  
After 12:46 p.m. =  $\frac{1}{2}$  day charged

Central Office:              8:31 a.m. to 12:15 p.m. = full day charged  
After 12:16 p.m. =  $\frac{1}{2}$  day charged

### **EVENING MEETINGS**

Building-level staff members are required to attend four (4) meetings with parents, which shall be scheduled as follows:

- The administration will schedule Back to School Night on a school day during September from 6:00 p.m. to 8:00 p.m.
- Fall Session: Parent-teacher conferences to be scheduled by the Administration on a school day from 5:30 to 7:30
- Winter Session: The Administration will schedule Parent-teacher conferences on a school day from 4:30 – 6:30.
- Spring Session: The Administration will schedule Parent-teacher conferences on a school day from 5:30 – 7:30.

### **Payroll Verification Procedure**

Administrators and secretaries in charge of attendance:

To ensure the accurate payments of part-time employees and all overtime, a Kronos Time Detail report by cutoff dates must be submitted to the Payroll Department with the timesheet. The procedure for verifying timesheets for part-time employees from the Payroll Department is enclosed. If discrepancies such as failure to swipe in are found, a change form must be submitted to the Staff Attendance Office by fax (973 321 2405) for correction prior to submitting the timesheet for payment.

The corrections should be labeled "PLEASE CORRECT FOR THE UPCOMING PAYROLL" and will be processed immediately. Once the correction is done, Staff Attendance will notify your office to let you know that you can now print the Kronos Time Detail report, attach it to the timesheet, and submit it to Payroll for payment.

**Cafeteria Monitors with accumulated days must be charged when sick and/or personal days are submitted on a timesheet for payment.**

This procedure includes the following employee groups:

**All Overtime**

**All Per-diem Employees**

**All Part-time Employees**

Thank you for your cooperation.

### **Instructions for Completing Timesheets**

To ensure employees are paid accurately and timely, please note the following in completing timesheets:

- Timesheet must have the last four (4) digits of their social security number
- Time must be in 15-minute increments
- Timesheets should include only scheduled hours worked (must correlate to swipe time)
- Lines drawn down the page is unacceptable; in and out times must be indicated for each day worked on the timesheet
- All hours must be calculated on the timesheets and agree with the grand total
- Timesheets must have three original signatures (not initials)
- Faxed copies are not acceptable
- Time sheets must be submitted in accordance with the Payroll cut-off schedule

**Employee Services Contacts**

Staff Attendance     Ext. 10748

Health Benefits     Ext. 10745

Payroll                Ext. 10530

Mrs. Lynette Gonzalez, Director of Employee Services 973-321-0745

Mrs. Marcel Javier, Supervisor of Staff Attendance, Health Benefits, and Pension 973-321-0748

Ms. Esther Boone, Pensions 973-321-0603

Ms. Nicole Steverson, Health Benefits 973-321-0827

Ms. Millie Torres, Health Benefits 973-321-2314

Ms. Maria Cobian, Staff Attendance 973-321-2429

Ms. Sharon Barbaro, Staff Attendance 973-321-2310

## **SAMPLES & FORMS**

**&L. 20:20-111b. Every person summoned as a grand or petit juror who shall either fail to appear or refuse, without reasonable excuse, to serve, shall be liable for a fine not to exceed \$500 ... or may be punished for contempt of court.**

100816455  
Group No. 05 Juror No.: 0167

**MAIL BACK THE YELLOW SECTIONS; FOLLOW ALL REPORTING INSTRUCTIONS.**

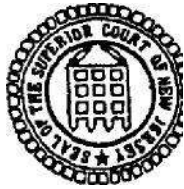


# **SAMPLE B**

## **SUPERIOR COURT OF NEW JERSEY**

### **PASSAIC VICINAGE**

**ROBERT J. PASSERO**  
Assignment Judge



**HAYLEY ENCARNACION**  
Court Executive/Jury Manager

**PASSAIC COUNTY ADMINISTRATION BLDG**  
401 Grand Street, Room 320  
Paterson, New Jersey 07505  
Phone N : (973) 247-8072  
Fax N : (973) 2474134

**PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

**BEREAVEMENT LEAVE FORM FOR PEA MEMBERS**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents, son/daughter in-law, stepfather, stepmother, stepsister, stepbrother, or stepchildren.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EXCUSABLE BEREAVEMENT:**

1. Four consecutive (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents, son/daughter in-law, stepfather, stepmother, stepsister, stepbrother or stepchildren.
2. Three consecutive (3) days for related members living in your immediate household.
3. Days taken in accordance with this provision shall be consecutive workdays, one of which shall be the day of the funeral.
4. A form of proof must also be provided such as a death certificate, newspaper article, funeral program, or a letter from the funeral home. **These are the ONLY documents that are acceptable.**

**Keep this form with your daily attendance records for audit purposes.**

---

**Employee Signature** **Date**

---

**Principal/Supervisor Signature** **Date**

**PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

**BEREAVEMENT LEAVE FORM FOR CAFETERIA MEMBERS**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents, and domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EXCUSABLE BEREAVEMENT:**

1. Four consecutive (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents, and domestic partner's parents.
2. Entitled to a total of three consecutive (3) calendar days leave for death of related members of the immediate household.
3. Days taken in accordance with this provision shall be consecutive workdays, one of which shall be the day of the funeral.
4. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home. **These are the ONLY documents that are acceptable.**

**Keep this form with your daily attendance records for audit purposes.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

**PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue  
Paterson, NJ 07503

**BEREAVEMENT LEAVE FORM FOR COSA MEMBERS**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings,

grandchildren, grandparents, brother/sister-in-law, spouse's parents, and domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EXCUSABLE BEREAVEMENT:**

1. Four (4) consecutive days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
2. Days taken in accordance with this provision shall be consecutive calendar days, one of which shall be the day of the funeral.
3. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home. **These are the ONLY documents that are acceptable.**

**Keep this form with your daily attendance records for audit purposes.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

**PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

**BEREAVEMENT LEAVE FORM FOR CONFIDENTIAL SECRETARY**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings,

grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.

**NAME:**

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EXCUSABLE BEREAVEMENT:**

5. Four (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
6. Days taken in accordance with this provision shall be consecutive workdays, one of which shall be the day of the funeral.
7. In cases where Schools and Administrative offices are closed for more than two (2) workdays, provisions related to workdays will revert to calendar days.
8. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home. **These are the ONLY documents that are acceptable.**

**Keep this form with your daily attendance records for audit purposes.**

---

**Employees Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

**PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue  
Paterson, NJ 07503

**BEREAVEMENT LEAVE FORM FOR PATERSON ADMINISTRATORS ASSOCIATION**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EXCUSABLE BEREAVEMENT:**

4. Four (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
5. Days taken in accordance with this provision shall be consecutive workdays, one of which shall be the day of the funeral.
6. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home. **These are the ONLY documents that are acceptable**

**Keep this form with your daily attendance records for audit purposes.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

**PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

**BEREAVEMENT LEAVE FORM FOR PATERSON CUSTODIAL MAINTENANCE ASSOCIATION**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EXCUSABLE BEREAVEMENT:**

7. Four (4) consecutive days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
8. A total of three (3) consecutive workdays absence shall be granted for the death of grandchild, and two (2) work days for the death of relative residing in the immediate household. Days taken in accordance with this provision shall be consecutive calendar days, one of which shall be the day of the funeral.
9. One additional day for bereavement of other relatives.
10. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home. **These are the ONLY documents that are acceptable**

**Keep this form with your daily attendance records for audit purposes.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

PATERSON PUBLIC SCHOOLS  
90 Delaware Avenue  
Paterson, NJ 07503

**BEREAVEMENT LEAVE FORM FOR PRINCIPALS ASSOCIATION**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings,

grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

DATES OF LEAVE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**EXCUSABLE BEREAVEMENT:**

9. Four (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
10. Days taken in accordance with this provision shall be consecutive calendar days, one of which shall be the day of the funeral.
11. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home. **These are the ONLY documents that are acceptable**

**Keep this form with your daily attendance records for audit purposes.**

---

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Principal/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_



PATERSON PUBLIC SCHOOLS  
90 Delaware Avenue  
Paterson, NJ 07503

**BEREAVEMENT LEAVE FORM FOR NON-BARGAINING MEMBERS**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

DATES OF LEAVE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**EXCUSABLE BEREAVEMENT:**

12. Four (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
13. Days taken in accordance with this provision shall be consecutive calendar days, one of which shall be the day of the funeral.
14. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home. **These are the ONLY documents that are acceptable**

**Keep this form with your daily attendance records for audit purposes.**

---

Employee Signature

Date

---

Principal/Supervisor Signature

Date

**PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

**BEREAVEMENT LEAVE FORM**

**LOCAL 1019-ATTENDANCE OFFICERS/PARENT LIAISON**

Request for leave of absences related to the death of spouse, civil union, domestic partner, child, parents, siblings, grandparents, spouses/civil union/domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EXCUSABLE BEREAVEMENT:**

11. Employees are entitled to four (4) days for spouse, civil union partner, domestic partner, child, parents, siblings, grandparents, spouse's, civil union, or domestic partner's parents.
12. Employees are entitled to a total of three (3) calendar days leave for death of related members of the immediate household.
13. Days taken in accordance with this provision shall be consecutive calendar days, one of which shall be the day of the funeral.
14. Immediately upon return to school from bereavement leave, employees shall complete and file with the Paterson School District a bereavement leave form.

**Keep this form with your daily attendance records for audit purposes.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

**PATERSON PUBLIC SCHOOLS**  
90 Delaware Avenue  
Paterson, NJ 07503

**BEREAVEMENT LEAVE FORM**  
**LOCAL 1019-FULL AND PART-TIME CAFETERIA MONITORS**

Request for leave of absences related to the death of spouse, civil union, domestic partner, child, parents, siblings, grandparents, spouses/civil union/domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EXCUSABLE BEREAVEMENT:**

1. Employees are entitled to four (4) days for spouse, civil union partner, domestic partner, child, parents, siblings, grandparents, spouse's, civil union, or domestic partner's parents.
2. Employees are entitled to a total of three (3) calendar days leave for death of related members of the immediate household.
3. Days taken in accordance with this provision shall be consecutive calendar days, one of which shall be the day of the funeral.
4. Immediately upon return to school from bereavement leave, employees shall complete and file with the Paterson School District a bereavement leave form.

**Keep this form with your daily attendance records for audit purposes.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**



## Leave Request Form Cover Sheet

Human Resources Department  
90 Delaware Avenue Paterson, NJ 07503  
Phone: (973) 321-0748 Fax: (973) 321-2405

### NEW JERSEY STATE FAMILY LEAVE (NJFLA) & FAMILY AND MEDICAL LEAVE ACT (FMLA)

#### New Jersey Family Leave (NJFLA)

**Eligibility Requirements:** Have worked for covered employer at least 1000 hours in preceding 12 months and employed for at least 12 months.  
**Amount of Leave:** 12 weeks during a 24-month period measured forward from the first date of any NJ State Family Leave granted within the last 24 months.

**Type of Leave:** Birth or adoption; serious health condition of parent, parent of spouse, child or spouse (*This type of leave can be used to care for family not oneself*)

#### Family & Medical Leave Act (FMLA)

**Eligibility Requirements:** Have worked for covered employer at least 1250 hours in preceding 12 months and employed for at least 12 months.

**Amount of Leave:** 12 weeks during a 12-month period measured forward from the first date of any FMLA granted within the last 12 months.

**Type of Leave:** Birth, adoption, or foster care; to care for parent, child, or spouse with serious health condition or employees' own serious health condition. (*This type of leave can be used to care for family or oneself*)

#### Health Benefits Coverage

Your health benefits will be maintained under the same conditions as if you continued to work. If you pay a health benefits premium contribution through payroll deduction, you will be advised of any premium contribution that might be due to continue your coverage during your leave period. If you do not remit these premium contributions as requested, the District may recover your payments upon your return to work.

#### Reinstatement Rights

You are entitled to be restored to the same position you held before the leave started or to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment.

#### Medical Certification

Certification from an appropriate healthcare provider of your own serious health condition or the serious health condition of your family member must be presented to the Office of Human Resources. If the period of illness extends beyond the date originally provided, medical certification will be required to confirm extension of illness. In addition, you will be required to present a fitness-for-duty certificate prior to being restored to employment if your absence was due to your own serious health condition.

*Please be advised that if the circumstances of your leave qualify for FMLA and NJFLA, the leave used will count against your entitlement under both laws.*

I have read this notice and am applying for Family Leave under the terms and conditions as defined above:

Name: \_\_\_\_\_ School/Department \_\_\_\_\_

Please indicate if this injury is work-related YES \_\_\_\_\_ NO \_\_\_\_\_

Start Date of Anticipated Leave: \_\_\_\_\_ Expected Date of Return: \_\_\_\_\_

Reason of Leave \_\_\_\_\_

Number of accumulated sick or personal days to be utilized \_\_\_\_\_

Paid leave dates from: \_\_\_\_\_ to: \_\_\_\_\_

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Human Resources Office has reviewed your request for Family Leave and advised that you are eligible for the following:

\_\_\_\_\_ Medical using days

\_\_\_\_\_ Caregiver using days

\_\_\_\_\_ FMLA

\_\_\_\_\_ NJFLA

\_\_\_\_\_ Not eligible for Family Leave for the following reason(s):

Human Resources Representative: \_\_\_\_\_ Date: \_\_\_\_\_

This application provides general information only and does not intend to encompass all leave aspects set forth within the Paterson Public School Board of Education Policy No. 1642, 1642.01, 1643, 3212 & 4212 applicable to Family Medical Leave and the Earned Sick Leave Law.

**While on leave, you are not permitted to participate in work-related activities. This includes but is not limited to after-school programs, summer school sessions, bedside or homebound teaching, coaching of any sports teams, extracurricular activities, or any other work or activities conducted on behalf of the school district.**

**HUMAN RESOURCE SERVICES**  
**FEDERAL AND NEW JERSEY MEDICAL LEAVE ACT**

**Federal Medical Leave Act** permits an employee to take leave during any 12-month period for one or more of the following reasons:

- **One occurrence in a 12-month period: District allows for 12 weeks (3 months) of unpaid leave with health benefits**
- **Employees must work a full 12-month period before being eligible for additional benefits under this law. For the following reasons:**
  - For the birth and care of a newborn child of the employee;
  - For placement with the employee of a son or daughter for adoption or foster care.
  - To care for a spouse, son daughter, or parent with a serious health condition.
  - To take medical leave when the employee is unable to work because of a serious health condition (self);
- or**
- For qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty or call to active-duty status as a member of the National Guard or Reserves in support of a contingency operation.

**Employee eligibility:**

- Have worked for the employer for a total of 12 months.
- Have worked at least 1,250 hours over the previous 12 months.

**Employee notice:** Employees seeking to use FMLA leave are required to provide 30-day advance notice of the need to take FMLA leave when the need is foreseeable and such notice practicable.

**New Jersey Family Leave Act** (Caregiver)

- **One occurrence in 24 months: District allows for 12 weeks (3 months) of unpaid leave with health benefits**
- **Employees must work a full 12-month period before being eligible for additional benefits under this law.**
- **For the following reasons:**
  - ❖ The care of a newly born or adopted child, if leave begins within one year of the date the child is born to or placed with the employee; or
  - ❖ The care of a parent, children of any age, spouse, grandparents, grandchildren, domestic partner or civil union partner who has a serious health condition requiring in-patient care, continuing medical treatment or medical supervision. The Family Leave Act considers parents to be in-laws, stepparents, foster parents, or adoptive parents.

**Employee Eligibility:**

- Each eligible employee may take up to 12 weeks of continuous leave during a given 24-month period.

**New Jersey Family Leave Insurance Benefits-Paid by the State of New Jersey**

- Claim may be filed when you care for a spouse, son daughter, parent with a serious health condition, or bond with a newborn child
- Claims may be filed for six consecutive weeks, for intermittent weeks, or for 56 intermittent days during a 12-month period beginning with the first date of the claim
- Administered through the existing State Disability Benefit Program

**Rights and Responsibilities while on FMLA or NJFLA**

- Employees are required to pay for their portion of medical coverage while out on leave. Please make arrangements within 30 days in which to make premium payments

**COMPENSATORY TIME  
FOR  
PATERSON PUBLIC SCHOOL EMPLOYEES**

School/Department: \_\_\_\_\_

SS#: \_\_\_\_\_

Name: \_\_\_\_\_

**HOURS ACCUMULATED**

Dates	Description of	From	To	Total

GRAND TOTAL \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

Reviewed by Principal/Appropriate Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Assistant Superintendent \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Personnel Director \_\_\_\_\_ Date: \_\_\_\_\_

**HOURS USED**

Dates	From	To	Total

Grand Total \_\_\_\_\_

Total hours accumulated: \_\_\_\_\_

Total hours used: \_\_\_\_\_

Total hours left: \_\_\_\_\_

Employees' signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Principal/Appropriate Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Assistant Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

**HUMAN RESOURCE/PERSONNEL**  
**MILITARY LEAVE REQUEST**

NAME: \_\_\_\_\_ SCHOOL/DEPT. \_\_\_\_\_ DATE \_\_\_\_\_

REQUEST MUST BE MADE IN ADVANCE.

**List Inclusive Dates**

**Total Days**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor

Please attach proper documentation. (military orders)

An employee shall be paid his/her regular pay less any pay which she/he receive from the state of federal government. \*

District Pay \_\_\_\_\_

Army Pay \_\_\_\_\_

If military pay stub is not submitted to The Department of Human Resources/Personnel, entire District paycheck for specific time period will be withheld.

Upon return from leave, please complete the Verification of Leave section and submit it to the Department of Human Resource/Personnel.

Verification of Leave

Time was taken as requested

YES \_\_\_\_\_ No \_\_\_\_\_

**STAFF ATTENDANCE OFFICE  
EDUMET/KRONOS CHANGE FORM  
FOR  
ACCUMULATED DAYS**

Employee Information:

**Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date** \_\_\_\_\_

Verbal Warning Incident (Check One)  
#1 \_\_\_\_\_ or #2 \_\_\_\_\_  
Third Incident and after (Please attach appropriate forms)

Time in: \_\_\_\_\_

Time out: \_\_\_\_\_

Reason: \_\_\_\_\_

**Change Information:**

**Day reported as:**

**Date(s):**

- |   |       |
|---|-------|
| <input type="checkbox"/> <b>Vacation</b>        | _____ |
| <input type="checkbox"/> <b>Sick</b>            | _____ |
| <input type="checkbox"/> <b>Personal</b>        | _____ |
| <input type="checkbox"/> <b>Bereavement</b>     | _____ |
| <input type="checkbox"/> <b>Other (specify)</b> | _____ |

**Change day to:**

- |   |       |
|---|-------|
| <input type="checkbox"/> <b>Vacation</b>        | _____ |
| <input type="checkbox"/> <b>Sick</b>            | _____ |
| <input type="checkbox"/> <b>Personal</b>        | _____ |
| <input type="checkbox"/> <b>Bereavement</b>     | _____ |
| <input type="checkbox"/> <b>Other (specify)</b> | _____ |

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Administrator's Signature**

**Processed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please keep this form with your attendance records for audit purposes.**



Paterson Public Schools  
**Paterson Education Association**  
90 Delaware Avenue  
Paterson, NJ 07503

**TARDY WARNING LETTER**

Location: \_\_\_\_\_

Date: \_\_\_\_\_

To: \_\_\_\_\_

Dear:

Please be advised that as of \_\_\_\_\_, you have been tardy four (4) times. According to the contractual agreement between the Paterson Public School District and the Paterson Education Association (Article 7:1-3.2-3), a fifth (5) tardy will result in the forfeiture of a half-day's pay for the fifth tardy and each tardy thereafter.

Dates \_\_\_\_\_ Time \_\_\_\_\_

_____	_____
_____	_____
_____	_____

Accordingly, this notice is forwarded to the Assistant Superintendent and onto the Personnel Department to notify them to process the necessary information to payroll.

Please remember that your timely presence at work is essential for us to maintain fluid operational procedures. We thank you in advance for the attention you will give to this matter.

Yours truly,

Principal \_\_\_\_\_

Assistant Superintendent \_\_\_\_\_

\_\_\_\_\_  
Vice Principal

\_\_\_\_\_  
Appropriate Administrator

I have received a copy of this notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature

c: Lynette Gonzalez, Director of Employee Benefits

Paterson Public Schools  
**Paterson Education Association**  
90 Delaware Avenue  
Paterson, NJ 07503

**TARDY DOCK LETTER**

Location: \_\_\_\_\_

Date: \_\_\_\_\_

To: \_\_\_\_\_

Dear:

Please be advised that as of \_\_\_\_\_, you have been tardy five (5) times.  
According to the contractual agreement between the Paterson Public School District and the  
Paterson Education Association (Article 7:1-3.2-3), a fifth (5) tardy will result in the forfeiture of  
a half-day's pay for the fifth tardy and each tardy thereafter.

Dates \_\_\_\_\_ Time \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Accordingly, this notice is forwarded to the Assistant Superintendent and onto the Personnel  
Department to notify them to process the necessary information to payroll.

Please be reminded that your timely presence at work is essential in order for us to maintain a  
fluid operational procedure. We thank you in advance for the attention we know you will give to  
this matter.

Yours truly,

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
Vice Principal  
I have received a copy of this notice.

\_\_\_\_\_  
Appropriate Administrator

Signed: \_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

c: Lynette Gonzalez, Director of Employee Benefits

Paterson Public Schools  
90 Delaware Avenue  
Paterson, NJ 07503  
**(Non-PEA Members)**

**TARDY WARNING LETTER**

Location: \_\_\_\_\_

Date: \_\_\_\_\_

To: \_\_\_\_\_

Dear:

Please be advised that as of \_\_\_\_\_, you have been tardy four (4) times. According to the Paterson Public School District Attendance Procedures, a fifth (5) tardy will result in the forfeiture of a half-day's pay for the fifth tardy and each tardy thereafter.

<u>Dates</u>	<u>Time</u>
_____	_____
_____	_____
_____	_____
_____	_____

Accordingly, this notice is forwarded to the Assistant Superintendent/Appropriate Administrator and onto the Personnel Department to notify them to process the necessary information to payroll.

Please be reminded that your timely presence at work is essential in order for us to maintain a fluid operational procedure. We thank you in advance for the attention we know you will give to this matter.

Yours truly,

\_\_\_\_\_  
Appropriate Administrator

\_\_\_\_\_  
Assistant Superintendent

I have received a copy of this notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature

c: Lynette Gonzalez, Director of Employee Benefits

Paterson Public Schools District  
90 Delaware Avenue  
Paterson, NJ 07503  
**(Non-PEA Members)**

**TARDY DOCK LETTER**

Location: \_\_\_\_\_  
Date: \_\_\_\_\_  
To: \_\_\_\_\_

Dear \_\_\_\_\_

Please be advised that as of \_\_\_\_\_, you have been tardy five (5) times.  
According to the Paterson Public School District Attendance Procedures, a fifth (5) tardy  
will result in the forfeiture of a half-day's pay for the fifth tardy and each tardy thereafter.  
Dates \_\_\_\_\_ Time \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Accordingly, this notice is forwarded to the Assistant Superintendent/Appropriate  
Administrator and onto the Personnel Department to notify them to process the necessary  
information to payroll.

Please be reminded that your timely presence at work is essential in order for us to maintain  
a fluid operational procedure. We thank you in advance for the attention we know you will  
give to this matter.  
Yours truly,

_____	_____
Appropriate Administrator	Assistant Superintendent

I have received a copy of this notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature

c: Lynette Gonzalez, Director of Employee Benefits

**Paterson Public Schools  
90 Delaware Avenue  
Paterson, NJ 07503**

**Additional Work-Day Request Form**

**Date:** \_\_\_\_\_

**Administrator's Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_

**Purpose of working this day:**

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---

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**Administrator's Signature:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Assistant Superintendent**  
\_\_\_\_\_ **Director**  
\_\_\_\_\_ **Principal**

**Denied:** \_\_\_\_\_  
(Signature)

All additional work-day requests must be approved five (5) days in advance. If you cannot report for work, you must notify the Administrator of your school and/or department immediately. You must complete this form, and have it approved before you report to work on the requested workday. A form must be completed for each day you are requesting to work.

Upon completion of a requested workday, please complete the Verification Request for Work-Day section below to verify that you worked the requested day.

**Verification Request for Additional Workday**

**Day was worked as requested:**                      **Yes**\_\_\_\_ **No**\_\_\_\_

**Administrator's Signature:** \_\_\_\_\_

**Paterson Public School District  
Paterson Education Association**

90 Delaware Avenue

Paterson, NJ 07503

Failure to Scan-in/Scan-out Letter

Third Incident, Fourth Incident, Fifth Incident and All Thereafter

**Location:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please be advised as of \_\_\_\_\_ you have not scanned-in/scanned-out on \_\_\_\_\_ occasions:

Date

Occasion # \_\_\_\_\_

Date: \_\_\_\_\_

Occasion # \_\_\_\_\_

Date: \_\_\_\_\_

Occasion # \_\_\_\_\_

Date: \_\_\_\_\_

Occasion # \_\_\_\_\_

Date: \_\_\_\_\_

Occasion # \_\_\_\_\_

Date: \_\_\_\_\_

After the third incident the administrator will conference with the staff member to ascertain why a problem with signing in still exists. The administrator will make every attempt to help the staff member to remove any obstacles to her/his signing in. After the fourth incident, and provided that the required notice has been given by the administrator, employees shall be penalized by being docked as follows:

**Certificated Staff \$33.00**

**Support Staff \$16.50**

After the fifth incident (Article 7:1-1.2-5) and for each incident thereafter, the employee shall forfeit one day's pay.

Accordingly, this notice is forwarded for signatures to the Assistant Superintendent and onto the Staff Attendance Office.

Please be reminded that your timely presence and, your notice of leaving the building are essential in order for us to maintain a fluid and safe operational procedure. The district thanks you in advance for the attention we know you will give to this matter.

Yours Truly,

\_\_\_\_\_  
**Principal**

\_\_\_\_\_  
**Appropriate Administrator**

\_\_\_\_\_  
**Vice Principal**

\_\_\_\_\_  
**Assistant Superintendent**

I have received a copy of this notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature

C: Ms. Lynette Gonzalez, Director of Employee Services

Paterson Public School District  
90 Delaware Avenue  
Paterson, NJ 07503  
Failure to Scan-in/Scan-out Letter  
Third Incident, Fourth Incident, Fifth Incident and All Thereafter  
**(Non-PEA Members)**

Location: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please be advised as of \_\_\_\_\_ you have not scanned-in/scanned-out on \_\_\_\_\_ occasions:

	Date
Occasion # _____	Date: _____
Occasion # _____	Date: _____
Occasion # _____	Date: _____
Occasion # _____	Date: _____
Occasion # _____	Date: _____

According to the Staff Attendance Procedures of the District scan-in/scan-out procedures after a fourth incident, employees shall be penalized by being docked as follows:

**Certificated Staff \$33.00**

**Support Staff \$16.50**

After the fifth incident, and for each incident thereafter, the employee shall forfeit one day's pay.

Accordingly, this notice is forwarded for signatures to the Assistant Superintendent and onto the Staff Attendance Office.

Please be reminded that your timely presence and, your notice of leaving the building is essential in order for us to maintain a fluid and safe operational procedure. The district thanks you in advance for the attention we know you will give to this matter.

\_\_\_\_\_  
**Principal**

\_\_\_\_\_  
**Assistant Superintendent**

Or

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Central Office Administrator**

I have received a copy of this notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature

c: Lynette Gonzalez, Director of Employee Services

Paterson Public School District  
90 Delaware Avenue  
Paterson, NJ 07503  
Failure to Scan-in/Scan-out Letter  
Third Incident, Fourth Incident, Fifth Incident and All Thereafter  
**Local 1019-Attendance Officers/Parent Liaison**

Location: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please be advised as of \_\_\_\_\_, you have not scanned-in/scanned-out on \_\_\_\_\_ occasions:

	Date
Occasion # _____	Date: _____
Occasion # _____	Date: _____
Occasion # _____	Date: _____
Occasion # _____	Date: _____
Occasion # _____	Date: _____

According to the Staff Attendance Procedures of the District scan-in/scan-out procedures after a fourth incident, employees shall be penalized by being docked as follows:

**Attendance Officers and Parent Liaison \$11.50 per hour**

After the fifth incident, and for each incident thereafter, the employee shall forfeit one day's pay.

Accordingly, this notice is forwarded for signatures to the Assistant Superintendent and onto the Staff Attendance Office.

Please be reminded that your timely presence and, your notice of leaving the building is essential in order for us to maintain a fluid and safe operational procedure. The district thanks you in advance for the attention we know you will give to this matter.

\_\_\_\_\_  
**Principal/Supervisor**

\_\_\_\_\_  
**Assistant Superintendent/Central Office Administrator**

I have received a copy of this notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature

c: Lynette Gonzalez, Director of Employee Services



Paterson Public School District  
90 Delaware Avenue  
Paterson, NJ 07503  
Failure to Scan-in/Scan-out Letter  
Third Incident, Fourth Incident, Fifth Incident and All Thereafter  
**Local 1019-Full and Part Time Cafeteria Monitors**

Location: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please be advised as of \_\_\_\_\_, you have not scanned-in/scanned-out on \_\_\_\_\_ occasions:

Occasion #	Date
Occasion # _____	Date: _____
Occasion # _____	Date: _____
Occasion # _____	Date: _____
Occasion # _____	Date: _____
Occasion # _____	Date: _____

According to the Staff Attendance Procedures of the District scan-in/scan-out procedures after a fourth incident, employees shall be penalized by being docked as follows:

**Cafeteria Monitor \$7.75 per hour**

**Lead Monitor \$8.30 per hour** After the fifth incident, and

for each incident thereafter, the employee shall forfeit one day's pay.

Accordingly, this notice is forwarded for signatures to the Assistant Superintendent and onto the Staff Attendance Office.

Please be reminded that your timely presence and, your notice of leaving the building is essential in order for us to maintain a fluid and safe operational procedure. The district thanks you in advance for the attention we know you will give to this matter.

\_\_\_\_\_  
**Principal/Supervisor**

\_\_\_\_\_  
**Assistant Superintendent/Central Office Administrator**

I have received a copy of this notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature

c: Lynette Gonzalez, Director of Employee Benefits