

# Paterson Public Schools Attendance Procedures



**2023-2024**

**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 2023-2024**

**DATE:** August 25, 2023

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 all time 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 W. Newell, Superintendent of Schools  
Mr. Luis Rojas, Asst Superintendent Human Capital/Labor Relations/Affirmative Action

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**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 Attendance must be entered into the Edumet system for all employees in the district by 3:00pm. A daily review of attendance will be monitored, and Assistant Superintendents and all Administrators will be notified if their location's attendance has not been entered by 3:00pm each day. 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 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 and 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. Each department must assign two staff members as timekeepers.

Each timekeeper must use proper coding when recording absences in the book and Edumet system. (i.e.. "P" for personal day, "V" for vacation day, "S" for sick day, etc.)

The timekeepers will not be allowed to use unidentifiable absence codes such as: "X" "A" or any other unassigned code.

3. Absences for all employees must be entered in the Edumet system daily by 12:00 noon, (this includes custodians and fulltime cafeteria workers).
4. Timekeepers are not allowed to enter their own absences in the computer system. Therefore, it is necessary that every site has 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 on Monday morning for the previous week. The absences listed are to be verified with

the Kronos Time Detail Report. The responsible administrator or designee for each site will sign and date as verification of the reports' 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's personnel are not permitted to work during breaks or lunch periods to leave early unless prior approval is given in writing by their supervisor.
7. All corrections for absences will be made in Edumet and missing scan in/out times 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. All Administrators are to scan in at the district site they are visiting in the morning prior to going into their office. The same procedure applies to scanning out if an administrator is not in their office at the end of their workday.
9. After TWO (2) consecutive absences (sick days) employees will be requested by the administrator or district to submit a doctor's note. The doctor's note must be forwarded to the Staff Attendance Office. Administrators are required to 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:** Attendance at In-service workshops and District Staff Development will be submitted by the responsible Administrator of the workshop/staff development 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 attendance site in the district that has 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 notice in writing to the Department of Human Resources. Paychecks should not be generated after the date of resignation or retirement.

On payday, a payroll roster is enclosed with paychecks and direct deposit slips that should be verified every pay period by the responsible administrator. Forwarding of paychecks or direct deposit slips to employees that are not working is not permissible and those paychecks and direct deposit slips must be hand-delivered to the Payroll Department immediately to avoid over payment.

**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 planning to be absent and must indicate what type of absence will be taken (Personal Day, Sick Day, etc.). *All PEA members who require substitute coverage should report their absence by calling the AESOP automated system at (800)942-3767, before 7:15 am the day of the absence. Staff members who are not required to call the automated system must 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 or weekends)	Swipe in/out (hours beyond regular workday
After School Programs	Swipe in/out at 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 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(5<sup>TH</sup>) incident, and for each incident thereafter, the employee shall forfeit one day's pay.

Prior to any pay forfeiture by an employee, the employee shall have the right to challenge the action by the district in the grievance and expedited arbitration procedure. The loser shall pay the arbitrators costs as defined in Article 3 of this Agreement. The employee must challenge this forfeiture within the contractual time frame (35 calendar days).

In those cases when a staff member is assigned to report to an alternative work site, the employee shall scan in/out at the alternative site in fulfillment of the requirements of this article.

After each occasion of failure to scan in/scan out while claiming to have been present for work, the employee may provide proof of presence, which must include confirmation of the time of arrival or departure.

**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 comp time when they are tardy unless comp time has been accumulated and approved prior to being tardy. These forms should be submitted to the Assistant Superintendent of the division responsible for said location for signature and then submitted to the Staff Attendance Office.

**Workers’ Compensation days** - Can only be recorded by the Worker’s Compensation Manager, after the approval of the Risk Manager, who is communicating the judgment of the Third-Party Administrator. (CCMSI, 3535 Route 66 Bldg. 6, Neptune, NJ 07753 1-888-918-9111) The responsible administrator must ensure that the Risk Management Office is notified 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 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 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 logging into Frontline, before 7:15 a.m. the day of the absence. Staff members who are not required to call the automated system must also report their absence by logging into Frontline. 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**

A “Leave Form” must be completed by the employee requesting a leave of six (6) or more days. The Leave Form must be submitted directly to the Director of Human Resources who will respond to the employee in writing and 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. A medical clearance note must be presented when an employee returns to work and sent to the Staff Attendance Office. Leaves of absences 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 maybe delayed.

Return to work notice must be 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 for Compensatory time. However, based on dire need Compensatory time may be approved if it is requested and approved in advance by an Assistant Superintendent, Coordinating Director of Secondary Education or Director. No employee can accumulate compensatory time prior to receiving approval. No employee can use accumulated approved compensatory time without prior approval.

- Approval to accumulate and use accrued compensatory time must be granted by the Assistant Superintendent/Coordinating Director or Director. 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, the Assistant Superintendent will send the compensation form back to the school/department. The Compensation Form will be given to the timekeeper to keep 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.

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

### **Change Form**

A Change form for accumulated days must be utilized to change a recorded day to another type of absence. (i.e.: changing personal day to sick day or sick day to actual workday, etc.) The employee must sign-off on the day, as well as the immediate Administrator, and send to the Staff Attendance Office.

### **Requested Vacation Days**

All vacation days must be pre-approved. Vacation days should be entered in Frontline (AESOP). An email will be sent to the immediate administrator for approval. If entered in Frontline, the vacation day will be entered automatically in Edumet. All vacation days must be entered in the Edumet system. Twelve-month employees need to submit a schedule for additional workdays for each year and should request approval from their Assistant Superintendent by June 30<sup>th</sup> of each year. Members of the Paterson Administrator's Association and Principal's Association do not accrue vacation days and are required to work "185" school days and extra days according to their particular contract. These extra workdays must be recorded in the Kronos system.

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

All visitors must sign-in with 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 District telephones are answered by a "live" person 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) hour 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 for employee assigned work schedules of either Mode 1, 2, 3 or Central Office. 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. = 1/2 day charged
Mode 2:	8:16 a.m. to 12:00 p.m. = full day charged after 12:01 p.m. = 1/2 day charged
Mode 3:	9:01 a.m. 12:45 p.m. = full day charged After 12:46 p.m. = 1/2 day charged
Central Office:	8:31 a.m. to 12:15 p.m. = full day charged After 12:16 p.m. = 1/2 day charged

**EVENING MEETINGS**

Employees are required to attend four (4) meetings with parents which shall be scheduled as follows:

- Back to School Night shall be scheduled by the Administration 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 – 7:30
- Winter Session: Parent-teacher conferences to be scheduled by the Administration on a school day from 4:30 – 6:30.
- Spring Session: Parent-teacher conferences to be scheduled by the Administration on a school day from 5:30 – 7:30.

**Worksite Assignments**

The district agrees that staff members who are assigned to worksites who staff members are released after 3:20 PM and are members of the Association’s Delegate Assembly, Officer’s and/or Executive Board meetings shall be released from their work assignments, without loss of pay, at 3:20 PM on those days designated for meetings. The parties agree that no more than 1/3 of Association members assigned to a school designated extended day or assigned to any District office not categorized a school in order to attend the Executive Board meeting, Delegate Assembly meeting or an Officers meeting shall be released at 3:20 to attend said Association meeting(s). All other members are free to join the Association meeting(s) at the conclusion of their workday.

The Association agrees to deliver to the Superintendent of Schools and/or his designee no later than October 1<sup>st</sup> of every school year a list of current Executive Board members, Delegate Assembly members and Association Officers.

The following number of meetings will not be exceeded:

Executive Board Meeting = release time for two (2) meetings per month

Delegate Assembly Meeting = release time for one (1) meeting per month

Officers = release time for three (3) meetings per month

**In-school Workday**

The in-school workday for primary, elementary, and middle school staff members, and all other staff members represented by this Association other than those assigned to the high schools, or those whose workday is established in other sections of this Agreement shall be as follows:

- 8:15 a.m. - Staff Sign in Deadline
- 8:16 a.m. - Staff Tardiness
- 8:20 a.m. -Staff Meet Students at Designated Assembly Point
- 3:00 p.m. -Student Dismissal
- 3:10 p.m. -Staff Dismissal
- 3:35 p.m. -Staff Dismissal on days when faculty meetings are held

The staff time from dismissal of the students until staff dismissal time shall be used for self-directed professional activities e.g., meeting time, preparation time and the like. The district shall not assign duties during this non-instructional time.

Certified staff members including but not limited to the Department of Early Childhood Education who are assigned to the Board of Education Central Headquarters building shall be employed and work the same schedule as staff members assigned to the schools of the district.

The Mode 2 in-school workday for high school staff shall be as follows:

- 8:15 a.m. -Staff Sign in Deadline
- 8:16 a.m. -Staff Tardiness
- 8:20 a.m. - Commencement of the Instructional Day
- 3:05 p.m. -Student Dismissal
- 3:20 p.m. -Staff Dismissal
- 3:40 p.m. -Staff Dismissal on days when faculty meetings are held

Staff members following Mode 1 or 3 shall have schedules as established above, with modifications established based upon the starting and dismissal times so the work hours of these Modes are exactly the same as those established in Mode 2. Timeframes may be altered through the mutual agreement of the parties in cases where school day modifications are approved by the parties.

**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 is required to be submitted with the timesheet to the Payroll Department. 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 to the timesheet, and submit to Payroll for payment.

**Cafeteria Monitors with accumulated days need to 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 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 973-321-0743

Ms. Esther Boone, Pensions 973-321-0603

Ms. Gleny Gaines, 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

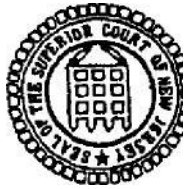
## **SAMPLES & FORMS**



# **SAMPLE B**

**SUPERIOR COURT OF NEW JERSEY  
PASSAIC VICINAGE**

**ROBERT J. PASSERO**  
Assignment Judge



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

**HAYLEY ENCARNACION**  
Court Executive/Jury Manager

**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.**

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**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** \_\_\_\_\_

**PATERSON PUBLIC SCHOOLS**  
**90 Delaware Avenue**  
**Paterson, NJ 07503**  
**Telephone (973) 321-0748 or (973) 321-0745/Fax (973) 321-0478**

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

Date of Hire: \_\_\_\_\_ Location: \_\_\_\_\_

Position: \_\_\_\_\_ 10 Month \_\_\_\_\_ 12 Month \_\_\_\_\_

**Please indicate if this injury is work related: Yes \_\_\_\_\_ or No \_\_\_\_\_**

**Medical Using Days:**

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

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

12 weeks of unpaid leave with Health Benefits for: Maternity, Childcare, Medical (self) or Caregiver

**Family Medical Leave Act:**

FMLA Unpaid leave dates from: \_\_\_\_\_ to: \_\_\_\_\_

**New Jersey Family Leave Act:**

NJFLA Unpaid leave dates from: \_\_\_\_\_ to: \_\_\_\_\_

**Contractual Leave:** \_\_\_\_\_

Unpaid leave from: \_\_\_\_\_ to: \_\_\_\_\_

**Cobra eligibility date:** \_\_\_\_\_

Please complete the attached Department of Labor form pages 1-4 along with this request form to the Staff Attendance Office. This form is to be used for six (6) or more consecutive days of absence. Absences must be reported to the automatic system (Sub-Finder) 973-321-2370 on a daily basis. If you do not require a substitute, you should contact your building administrator or immediate supervisor.

All leaves of absences 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 recommendation is not clear, the leave of absence may not be granted. **Also note that District employees must fulfill the required 120 days for 10-month employees and 150 days for 12-month employees of active service (or paid leave) in order to receive an increment and accrued vacation days (12 month employees only).**

Your return-to-work date must be reported to the Staff Attendance Office at ext. 10748 or 10745, so you will be placed back on payroll. If you do not call the Staff Attendance Office you will not be placed back on payroll and therefore, will not be paid promptly. Failure to report the return-to-work date to the Staff Attendance Office will result in discrepancies with your calendar bank and payroll. **Failure to respond to this notice will result in the loss of your Health Care Benefits within the next termination date.** If you have any questions, please contact the Staff Attendance Office at 973-321-0748 or 973-321-0745

PATERSON PUBLIC SCHOOLS  
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 paid 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 a 12-month period: District allows for 12 weeks (3 months) of paid 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 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:** \_\_\_\_\_

**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:**

<u>Day reported as:</u>	<u>Date(s):</u>
<input type="checkbox"/> Vacation	_____
<input type="checkbox"/> Sick	_____
<input type="checkbox"/> Personal	_____
<input type="checkbox"/> Bereavement	_____
<input type="checkbox"/> Other (specify)	_____

<u>Change day to:</u>	
<input type="checkbox"/> Vacation	_____
<input type="checkbox"/> Sick	_____
<input type="checkbox"/> Personal	_____
<input type="checkbox"/> Bereavement	_____
<input type="checkbox"/> Other (specify)	_____

_____	_____
<b>Employee's Signature</b>	<b>Administrator's Signature</b>
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.

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

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

\_\_\_\_\_  
 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.

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

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  
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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**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:

Occasion # _____	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 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:

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:

**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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

