

**HERNANDO COUNTY SCHOOL DISTRICT**

**Leave of Absence Form**

Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regular payroll.

LAST NAME (Print or Type) <b>Jensen</b>	FIRST <b>Anna</b>	INITIAL	EMPLOYEE I.D. NUMBER <b>08092</b>
POSITION <b>Director of ESE</b>			SCHOOL/COST CENTER <b>ESE - 9005</b>

**Except in the case of an emergency, all leave, other than sick leave, must be approved in advance. If the request for sick leave is pre-planned (i.e. doctor's appointment), it must be pre-approved. For sick leave absences that are not pre-planned, this form must be completed upon return within five (5) working days.**

**TO BE COMPLETED BY APPLICANT:**

I hereby apply for:

This leave is requested: ☒ With Pay   ☐ Without Pay   ☐ Substitute Needed

- |   |   |
|---|---|
| <input type="checkbox"/> Sick Leave                           | <input type="checkbox"/> Worker's Comp                                    |
| <input type="checkbox"/> Personal Leave (charged to Sick Lv.) | <input type="checkbox"/> Military Leave                                   |
| <input type="checkbox"/> Personal Leave (Without Pay)         | <input type="checkbox"/> Vacation Leave                                   |
| <input type="checkbox"/> Professional Leave                   | <input checked="" type="checkbox"/> Temporary Duty (Attach documentation) |
| <input type="checkbox"/> Other _____                          | <input type="checkbox"/> Compensatory Time (non-exempt employees only)    |

**\*Note:** This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Per Diem                | <input checked="" type="checkbox"/> Mileage                          | <input checked="" type="checkbox"/> Meals |
| <input checked="" type="checkbox"/> Registration | <input checked="" type="checkbox"/> Hotel Expense (Single Room Rate) |   |

Number of Hours Requested 24

Purpose/Benefit (DO NOT use acronyms) National LRP Conf on Legal Issues of Educating Individuals with Disabilities

Destination Savannah, GA

BEGINNING	ENDING
Time <u>8:00</u> AM _____ PM	Time _____ AM <u>10:00</u> PM
Day of Week <u>Sunday</u> Date <u>5/5/24</u>	Day of Week <u>Wednesday</u> Date <u>5/8/24</u>

**SOURCE OF FUNDS**

**SUBSTITUTE CHARGED TO:**


**TRAVEL EXPENSE CHARGED TO:**

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT
1120E6110.1300.9005.00106				

☒ Signature of Applicant  Date 3/12/24

**FOR OFFICE USE ONLY:**   ☒ APPROVED   ☐ NOT APPROVED

Site Administrator/Supervisor  Date 3/12/24

Project Director (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.**

This leave constitutes \_\_\_\_\_ hour(s) for the regular employee listed above.

Name of substitute(s) (if any):

Amount of Time substituting:

	hours:		days.
	hours:		days.

# HERNANDO COUNTY SCHOOL DISTRICT

## Leave of Absence Form

Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regular payroll.

LAST NAME (Print or Type) Kolasa	FIRST Jill	INITIAL	EMPLOYEE I.D. NUMBER 07291
POSITION Director of Student Services			SCHOOL/COST CENTER 9440 - SS

Except in the case of an emergency, all leave, other than sick leave, must be approved in advance. If the request for sick leave is pre-planned (i.e. doctor's appointment), it must be pre-approved. For sick leave absences that are not pre-planned, this form must be completed upon return within five (5) working days.

### TO BE COMPLETED BY APPLICANT:

I hereby apply for:

This leave is requested: ☒ With Pay ☐ Without Pay ☐ Substitute Needed

- ☐ Sick Leave  
☐ Personal Leave (charged to Sick Lv.)  
☐ Personal Leave (Without Pay)  
☐ Professional Leave  
☐ Other \_\_\_\_\_
- ☐ Worker's Comp  
☐ Military Leave  
☐ Vacation Leave  
☒ Temporary Duty (Attach documentation)  
☐ Compensatory Time (non-exempt employees only)

\*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.

- ☐ Per Diem  
☒ Mileage  
☒ Meals  
☒ Registration  
☒ Hotel Expense (Single Room Rate)

Number of Hours Requested 24

Purpose/Benefit (DO NOT use acronyms) LRP Conference

Destination Savannah Georgia

BEGINNING		ENDING	
Time <u>8:00</u> AM _____ PM	Time _____ AM <u>10:00</u> PM	Day of Week <u>Sunday</u>	Day of Week <u>Wednesday</u>
Date <u>May 5, 2024</u>	Date <u>May 8, 2024</u>		

### SOURCE OF FUNDS

#### SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

#### TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT
1120E	6100	3330	9440	00106

X Signature of Applicant Jill Kolasa Date 3/12/24

FOR OFFICE USE ONLY:	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor <u>Krista Copley</u>	Date <u>3/12/24</u>	
Project Director (if applicable) _____	Date _____	

### TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.

This leave constitutes \_\_\_\_\_ hour(s) for the regular employee listed above.  
Name of substitute(s) (if any): \_\_\_\_\_

Amount of Time substituting:

\_\_\_\_\_ hours: \_\_\_\_\_ days.  
\_\_\_\_\_ hours: \_\_\_\_\_ days.

HERNANDO COUNTY SCHOOL DISTRICT  
**Leave of Absence Form**

Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regular payroll.

LAST NAME (Print or Type) <b>Doran</b>	FIRST <b>Stephanie</b>	INITIAL	EMPLOYEE I.D. NUMBER <b>12207</b>
POSITION <b>Supervisor of ESE</b>			SCHOOL/COST CENTER <b>ESE - 9005</b>

Except in the case of an emergency, all leave, other than sick leave, must be approved in advance. If the request for sick leave is pre-planned (i.e. doctor's appointment), it must be pre-approved. For sick leave absences that are not pre-planned, this form must be completed upon return within five (5) working days.

**TO BE COMPLETED BY APPLICANT:**

I hereby apply for:

This leave is requested: ☒ With Pay   ☐ Without Pay   ☐ Substitute Needed

- |  |   |
|--|---|
| <input type="checkbox"/> Sick Leave<br><input type="checkbox"/> Personal Leave (charged to Sick Lv.)<br><input type="checkbox"/> Personal Leave (Without Pay)<br><input type="checkbox"/> Professional Leave<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Worker's Comp<br><input type="checkbox"/> Military Leave<br><input type="checkbox"/> Vacation Leave<br><input checked="" type="checkbox"/> Temporary Duty (Attach documentation)<br><input type="checkbox"/> Compensatory Time (non-exempt employees only) |
|--|---|

**\*Note:** This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Per Diem                | <input checked="" type="checkbox"/> Mileage                          | <input checked="" type="checkbox"/> Meals |
| <input checked="" type="checkbox"/> Registration | <input checked="" type="checkbox"/> Hotel Expense (Single Room Rate) |   |

Number of Hours Requested 24

Purpose/Benefit (DO NOT use acronyms) National LRP Conf on Legal Issues of Educating Individuals with Disabilities

Destination Savannah, GA

BEGINNING		ENDING	
Time <u>8:00</u> AM _____ PM		Time _____ AM <u>10:00</u> PM	
Day of Week <u>Sunday</u> Date <u>5/5/24</u>		Day of Week <u>Wednesday</u> Date <u>5/8/24</u>	

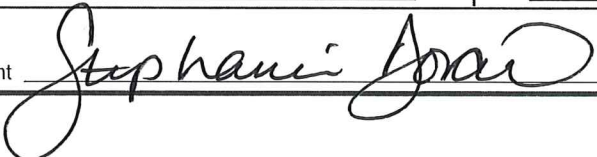
**SOURCE OF FUNDS**


**SUBSTITUTE CHARGED TO:**

FUND	FUNCTION	OBJECT	CENTER	PROJECT

**TRAVEL EXPENSE CHARGED TO:**

FUND	FUNCTION	OBJECT	CENTER	PROJECT
1120E6110.1300.9005.00106				

☒ Signature of Applicant  Date 3/12/24

<b>FOR OFFICE USE ONLY:</b>		<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor <u></u>	Date <u>3/12/24</u>	
Project Director (if applicable) _____	Date _____	

**TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.**

This leave constitutes \_\_\_\_\_ hour(s) for the regular employee listed above.

Name of substitute(s) (if any):

Amount of Time substituting:

_____	hours: _____	days.
_____	hours: _____	days.