

**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>Schwefringhaus</b>	FIRST <b>Hunter</b>	INITIAL <b>R</b>	EMPLOYEE I.D. NUMBER <b>17234</b>
POSITION <b>Teacher</b>			SCHOOL/COST CENTER <b>WWHS</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"/> Personal Leave (charged to Sick Lv.) <input type="checkbox"/> Personal Leave (Without Pay) <input type="checkbox"/> Professional Leave <input type="checkbox"/> Other _____	<input type="checkbox"/> Worker's Comp <input type="checkbox"/> Military Leave <input type="checkbox"/> Vacation Leave <input checked="" type="checkbox"/> Temporary Duty (Attach documentation) <input type="checkbox"/> Compensatory Time (non-exempt employees only)	<div style="border: 1px solid black; padding: 2px; font-size: small;"> <b>*Note:</b> This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.       </div> <input type="checkbox"/> Per Diem <input type="checkbox"/> Mileage <input type="checkbox"/> Meals <input type="checkbox"/> Registration <input type="checkbox"/> Hotel Expense (Single Room Rate)
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Number of Hours Requested 38.75

Purpose/Benefit (DO NOT use acronyms) AAHSFF Trip

Destination NYC

BEGINNING	ENDING
Time <u>6:00</u> AM _____ PM Day of Week <u>Tuesday</u> Date <u>10/15/24</u>	Time _____ AM <u>9:00</u> PM Day of Week <u>Monday</u> Date <u>10/21/24</u>

**SOURCE OF FUNDS**

SUBSTITUTE CHARGED TO:	TRAVEL EXPENSE CHARGED TO:																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">FUND</th> <th style="width:10%;">FUNCTION</th> <th style="width:10%;">OBJECT</th> <th style="width:10%;">CENTER</th> <th style="width:10%;">PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">FUND</th> <th style="width:10%;">FUNCTION</th> <th style="width:10%;">OBJECT</th> <th style="width:10%;">CENTER</th> <th style="width:10%;">PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT					
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☒ Signature of Applicant Hunter Schwefringhaus      Date 4/17/2024

<b>FOR OFFICE USE ONLY:</b>	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED Site Administrator/Supervisor <u>[Signature]</u> Date <u>4/26/24</u>	
Project Director (if applicable) _____	Date _____

<b>TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.</b>	
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.