My Time Off Requests - My Requests

Date	Time	Amount	Type	Status	Year	Time Off Code	Reason	Description	A
09/16/2026 Wed	8:00 am	8h 00m	Used	Approved	Current	TEMPORARY DUTY	TEMP DUTY	STARS Counselor Conference	

Expand All Collapse All

Time Off Information

Name: **CARRIE A WILSON**
Date: **09/16/2026 Wed**
Status: **Approved**
Time Off Code: **TEMPORARY DUTY**
Reason: **TEMP DUTY**
Reason Long Description: **TEMPORARY DUTY**
Description: **STARS Counselor Conference Northeast Tour**
Type: **Used**
Days/Hours: **8h 00m**
Start Time: **8:00 am**

Approval History

Status	Name	Date	Time	Notes
Approved	JOHN C MORRIS	06/25/2026 Thu	1:50 pm	
Created	CARRIE A WILSON	06/24/2026 Wed	2:51 pm	

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My Time Off Requests - My Requests

Date	Time	Amount	Type	Status	Year	Time Off Code	Reason	Description	A
09/18/2026 Fri	8:00 am	8h 00m	Used	Approved	Current	TEMPORARY DUTY	TEMP DUTY	STARS Counselor Conference	

Expand All Collapse All

Time Off Information

Name: **CARRIE A WILSON**
Date: **09/18/2026 Fri**
Status: **Approved**
Time Off Code: **TEMPORARY DUTY**
Reason: **TEMP DUTY**
Reason Long Description: **TEMPORARY DUTY**
Description: **STARS Counselor Conference Northeast Tour**
Type: **Used**
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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)	FIRST	INITIAL	EMPLOYEE I.D. NUMBER
Carrie	Wilson		08872
POSITION			SCHOOL/COST CENTER
Supervisor of School Counseling Services			

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

Number of Hours Requested _____

Purpose/Benefit (DO NOT use acronyms) STARS conference

Destination Columbia University NY, NY

BEGINNING	ENDING
Time 8 AM ___ PM	Time ___ AM 4 PM
Day of Week Saturday Date Sept 19, 2026	Day of Week Saturday Date Sept. 19, 2026

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

✗ Signature of Applicant Carrie A. Wilson Date 7.13.26

FOR OFFICE USE ONLY: ☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor _____ Date 7.13.26

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.

SO-Per-025
November 2020
Reorder from Printing

DISTRIBUTION:
White : Payroll
Yellow : Applicant (Attach to Travel Reimbursement form)
Pink : Applicant
Gold : Site Administrator