

MURRAY, MARK OWEN - Transactions

Grp	Code	Date	Description	Allocated	Used	Left	Unpaid	FMLA	Type	Reason	A	HTOTRN-JL
5	TEMP	02/06/2026	Boys Varsity Wrestling Tournament /		7.0000					Hours: TEMP DUTY		558000

Expand All Collapse All

Time Off Information

Name: MARK OWEN MURRAY

Date: 02/06/2026 Fri

Status: Approved

Time Off Code: TEMPORARY DUTY

Reason: TEMP DUTY

Reason Long Description: TEMPORARY DUTY

Description: Boys Varsity Wrestling Tournament / Capital City Classic @ Chiles Hs in Tallahassee

Type: Used

Days/Hours: 7h 00m

Start Time: 7:00 am

Approval History				
Status	Name	Date	Time	Notes
Approved	EDWARD G LAROSE IV	11/21/2025 Fri	6:07 am	
Approved	SARAH E JOHNSTON	11/21/2025 Fri	5:20 am	
Created	MARK OWEN MURRAY	11/20/2025 Thu	12:10 pm	

**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) <u>Murray</u>	FIRST <u>Mark</u>	INITIAL <u>MM</u>	EMPLOYEE I.D. NUMBER <u>1654</u>
POSITION <u>Coach</u>			SCHOOL/COST CENTER <u>0391</u>

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

Number of Hours Requested _____

Purpose/Benefit (DO NOT use acronyms) Boys Varsity Wrestling

Destination Chiles HS in Tallahassee

BEGINNING		ENDING	
Day of Week <u>Sat</u>	Time _____ AM _____ PM	Day of Week <u>Sat</u>	Time _____ AM _____ PM
Date <u>2/7/26</u>		Date <u>2/7/26</u>	

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

☒ Signature of Applicant [Signature]

Date 11/24/25

FOR OFFICE USE ONLY:

☐ APPROVED

☐ NOT APPROVED

Site Administrator/Supervisor [Signature]

Date 11/24/25

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) <u>Ros</u>	FIRST <u>Chake</u>	INITIAL	EMPLOYEE I.D. NUMBER <u>17044</u>
POSITION <u>Coach - Wrestling</u>			SCHOOL/COST CENTER <u>Week, Wachee HS</u>

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

Number of Hours Requested _____

Purpose/Benefit (DO NOT use acronyms) Boys Varsity Wrestling Tournament

Destination Chiles High School in Tallahassee

BEGINNING		ENDING	
Time _____ AM _____ PM		Time _____ AM _____ PM	
Day of Week <u>Friday</u>	Date <u>02/06/26</u>	Day of Week <u>Friday</u>	Date <u>02/06/26</u>

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

☒ Signature of Applicant _____ Date 11/20/25

FOR OFFICE USE ONLY:

☐ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor _____ Date 11/21/25

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.