

**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>CASTRA</u>	FIRST <u>MIKE</u>	INITIAL	EMPLOYEE I.D. NUMBER <u>4190</u>																																								
POSITION <u>Principal</u>		SCHOOL/COST CENTER <u>EES</u>																																									
<p>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.</p> <p><b>TO BE COMPLETED BY APPLICANT:</b></p> <p>I hereby apply for: <span style="float:right">This leave is requested: <input checked="" type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Substitute Needed</span></p> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Sick Leave</td> <td><input type="checkbox"/> Worker's Comp</td> <td rowspan="4" style="border:1px solid black; padding:2px; font-size:small;">*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.</td> </tr> <tr> <td><input type="checkbox"/> Personal Leave (charged to Sick Lv.)</td> <td><input type="checkbox"/> Military Leave</td> </tr> <tr> <td><input type="checkbox"/> Personal Leave (Without Pay)</td> <td><input type="checkbox"/> Vacation Leave</td> </tr> <tr> <td><input type="checkbox"/> Professional Leave</td> <td><input checked="" type="checkbox"/> Temporary Duty (Attach documentation)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Compensatory Time (non-exempt employees only)</td> <td> <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) </td> </tr> </table> <p>Number of Hours Requested <u>16.0</u></p> <p>Purpose/Benefit (DO NOT use acronyms) <u>Michigan - Recruitment Event</u></p> <p>Destination <u>EASTERN Michigan University, Ypsilanti, MI</u></p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; text-align:center;">BEGINNING</td> <td style="width:50%; text-align:center;">ENDING</td> </tr> <tr> <td>Time <u>6</u> AM _____ PM</td> <td>Time _____ AM <u>5</u> PM</td> </tr> <tr> <td>Day of Week <u>Monday</u> Date <u>3-13-23</u></td> <td>Day of Week <u>Wednesday</u> Date <u>3-15-23</u></td> </tr> </table> <p align="center"><b>SOURCE OF FUNDS</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:1px solid black; padding:2px;">                 SUBSTITUTE CHARGED TO:  <table border="1" style="width:100%; border-collapse: collapse; font-size:small;"> <thead> <tr> <th>FUND</th> <th>FUNCTION</th> <th>OBJECT</th> <th>CENTER</th> <th>PROJECT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> </td> <td style="width:50%; border:1px solid black; padding:2px;">                 TRAVEL EXPENSE CHARGED TO:  <table border="1" style="width:100%; border-collapse: collapse; font-size:small;"> <thead> <tr> <th>FUND</th> <th>FUNCTION</th> <th>OBJECT</th> <th>CENTER</th> <th>PROJECT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> </td> </tr> </table> <p>X Signature of Applicant <u>[Signature]</u> Date <u>2.14.23</u></p>				<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Worker's Comp	*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"/> 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)	<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)	BEGINNING	ENDING	Time <u>6</u> AM _____ PM	Time _____ AM <u>5</u> PM	Day of Week <u>Monday</u> Date <u>3-13-23</u>	Day of Week <u>Wednesday</u> Date <u>3-15-23</u>	SUBSTITUTE CHARGED TO: <table border="1" style="width:100%; border-collapse: collapse; font-size:small;"> <thead> <tr> <th>FUND</th> <th>FUNCTION</th> <th>OBJECT</th> <th>CENTER</th> <th>PROJECT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT						TRAVEL EXPENSE CHARGED TO: <table border="1" style="width:100%; border-collapse: collapse; font-size:small;"> <thead> <tr> <th>FUND</th> <th>FUNCTION</th> <th>OBJECT</th> <th>CENTER</th> <th>PROJECT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT					
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FOR OFFICE USE ONLY:	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
Site Administrator/Supervisor	<u>[Signature]</u>	Date <u>2/14/23</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.

